

THE COMPASS

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Incorporation Meeting

Due to unforeseen circumstances it was not possible to hold the membership meeting scheduled for January 4. The following notice is therefore being published:

The National Board herewith gives notice to all members of the American Association of Social Workers that a special meeting of the members will be held at the offices of the corporation, 130 East Twenty-second Street, New York 10, New York, on Tuesday, March 14 at 3 P.M. The purpose of the meeting is to adopt the bylaws for the new corporation.

* * *

Action of the membership by mail vote in June 1943 authorized adoption of the present bylaws, revised to meet the requirements of the corporation laws of New York State, as by bylaws of the newly incorporated organization.

No Residence Requirements

THE Department of Civil Service and Personnel of the County of San Diego has announced a written examination for Assistant Probation Officer, Grade 1, salary \$155 to \$184 per month. Requirements include graduation from an accredited four year college course with major work in social sciences. Arrangements may be made to give the examination in localities other than San Diego, dates and places to be set by special arrangements. Applications will be received until further notice; forms are obtainable at 212, Civic Center, San Diego 1, California.

THE Washington State Personnel Board has announced a number of examinations to be given for social work positions in the State Department of Social Security, the Department of Health and the County Welfare Departments. Information about requirements, policies and rules, and application forms, may be obtained from Harold A. Lang, Supervisor, Washington State Personnel Board, 1209 Smith Tower, Seattle 4, Washington. Applications will be received until further notice. Tests will be conducted in as many places and at such times as practicable.

Reprints of *Frontiers* Articles in this issue are available at 5¢ each. See order blank on back cover for information about other articles in this issue.

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INTERNATIONAL RELIEF AND WELFARE PROGRAM OF UNRRA

By Donald S. Howard, Charity Organization
Department, Russell Sage Foundation

THE recent three-week session of the Council of the United Nations Relief and Rehabilitation Administration brought together in a truly historic meeting representatives of 44 United Nations and nations associated with them. The purpose of the Council was to outline broad relief and rehabilitation policies to be followed by UNRRA, to elect a Director General, and to provide for securing funds to carry out the policies prescribed. As is already known, of course, the Director General is Herbert H. Lehman, the socially-minded and highly capable former Governor of New York. More recently Mr. Lehman was head of the Office of Foreign Relief and Rehabilitation Operations, established as an administrative unit in the State Department in November 1942. Still more recently, when OFRRO was fused with Leo T. Crowley's Foreign Economic Administration, Mr. Lehman became a special assistant to President Roosevelt.

To facilitate its work the Council accepted a temporary secretariat made available by the United States and adopted also the recommendation of the United States that a series of committees and subcommittees be established. Each met under the chairmanship of a Council member or alternate and had in addition a secretary who was a member of the temporary secretariat. The chairmen and secretaries of the three subcommittees most directly concerned with health and welfare problems were: Welfare—Jan Kwapinski, Deputy Prime Minister of Poland, Chairman, and Harry Greenstein, one-time President of the AASW, Secretary; Health—Dr. Thomas H. Parran, Surgeon General of the United States, Chairman, and Dr. James A. Crabtree, United States Public Health Service, Secretary; Displaced Persons—Dr. Gustavo Gutiérrez, Cuba, Chairman, and George L. Warren, American and International Director of the International Migration Service and long-time member of the AASW, Secretary.

Subcommittee and committee discussions were summarized both in reports and in resolutions recommended for adoption by the

Council. Much of the material incorporated in committee reports dealt both with high policy requiring Council action and also with issues that would be helpful to the Director General or other administrative officers responsible for actual operations of the Administration.

The permanent organization of the Council includes committees on supplies, financial control, Europe and on the Far East, and five technical standing committees covering the following areas: Agriculture, Displaced Persons, Health, Industrial Rehabilitation, and Welfare. This inclusion of welfare among specialties requiring expert technical guidance to the Council and the Administration represents what is probably the highest recognition ever accorded by international governmental bodies to the skills and specialties needed for successful welfare work.

Estimates of Personnel Needs

PRELIMINARY estimates of personnel requirements indicate need for some 1,200 administrative employees in headquarters and regional offices and for some 1,000 in field missions. Field missions, it is thought, may range from not more than ten persons in some areas to perhaps as many as 250 in others.

Personnel of the Administration, according to the recommendation of a Council committee, should be selected "on the basis of their individual competence, integrity and technical skill." It was urged that "in order to attain a staff of truly international character recruitment should be upon as wide a geographic basis as possible, compatible with effective and efficient administration." Still another suggestion was that, in the recruiting of personnel by the Director General "it would be a wise policy" for him "to ascertain in advance if any condition or circumstance existed with respect to a candidate which might minimize the utility of such candidate to the Administration."

Contributions for Relief Operations

CONTRARY to the arrangements for securing contributions for UNRRA's administrative expenses which are allocated among the cooperating governments in accordance with a formula prescribed by the Council, contributions for relief operations are determined by the several governments themselves in accordance with their own constitutional processes. As a general guide to cooperating governments the Council recommended that "each member government whose home territory has not been occupied by the enemy shall make a contribution for participation in the work of the Administration, approximately equivalent to one per cent of the national income of the country for the year ending June 30, 1943 as determined by the member government." That a recommendation of this kind could not be universally followed was, of course, obvious. The Council therefore recognized that in certain cases its recommendation may conflict with particular demands arising from the continuance of the war or may be excessively burdensome because of peculiar situations and would therefore have to be considered in the light of prevailing circumstances.

General Policies

SO far as possible recipient governments are expected to pay for relief supplies and services made available to them. However, a member country's inability to pay is not to be allowed to prevent it from procuring supplies or services needed for relief or rehabilitation.

The Council has further prescribed that an applicant government shall not be required to assume "the burden of an enduring foreign exchange debt for the procurement of relief and rehabilitation supplies and services." Whether or not a government is in fact able to pay for what it receives is a matter to be determined by the Director General in consultation with the government concerned and upon the advice of the appropriate Council committee. In case of disagreement, either the member government or the Director General may refer the matter to the Council.

Range of Services to Be Provided

The supplies and services of which the Administration will seek to ensure the provision fall under four headings:

1. *Relief supplies*: essential consumer goods to meet immediate needs, such as food, fuel, clothing, shelter, medical supplies.

2. *Relief services*: such as health and welfare; assistance in caring for, and maintaining records of, persons found in any areas under the control of any of the United Nations who by reason of war have been displaced from their homes and, in agreement with the appropriate governments, military authorities or other agencies, in securing their repatriation or return; and such technical services as may be necessary for these purposes.

3. *Rehabilitation supplies and services*: materials (such as seeds, fertilizers, raw materials, fishing equipment, machinery and spare parts) needed to enable a recipient country to produce and transport relief supplies for its own and other liberated areas, and such technical services as may be necessary for these purposes.

4. *Rehabilitation of public utilities and services*: so far as they can be repaired or restored to meet immediate needs: such as light, water, sanitation, power, transport, temporary storage, communications, and assistance in procuring material equipment for the rehabilitation of educational institutions.

The term *rehabilitation*, it should be noted, was repeatedly interpreted in the relatively limited sense of re-establishing industries, agriculture, public services, utilities and the like, only to the extent necessary to meet immediate needs and to the administration of relief. Thus, *rehabilitation* was constantly contrasted with broader measures which were termed *reconstruction*.

Cooperation with Governmental and Military Authorities

Until such time as a government or recognized national authority exercises administrative authority in a liberated area, UNRRA may engage directly in such activities as may be agreed upon between the military command, subject of course to such control as the military command may find necessary. In a liberated area in which a government or recognized national authority exercises administrative authority, UNRRA will operate only after consultation with, and with the consent of, the government or authority concerned.

Distribution Policies

With respect to distribution of goods and services within a country the Council prescribed that "in any area distribution should be so conducted that all classes of the population, irrespective of their purchasing power, shall receive their equitable shares of essen-

tial commodities." It was also recommended by a Council committee that "in determining the relative needs of the population, there may be taken into account the diverse needs caused by discriminatory treatment by the enemy during its occupation of the area." A further stipulation by the Council was that "at no time shall relief and rehabilitation supplies be used as a political weapon, and no discrimination shall be made in the distribution of relief supplies because of race, creed or political belief." In general, responsibility for distribution within an area of relief and rehabilitation supplies is to be borne by the government or recognized national authority exercising administrative authority in the area.

Policies Relating to Welfare Services

IN view of the vast and complicated human needs resulting from the war—wandering children and orphans to be cared for, the wounded and disabled in need of training or other services, families to be reunited, displaced people to be returned to their homes, and various other groups in need of special provision—the Council prescribed that UNRRA "should make specific provision for welfare services for victims of war—in particular for children, expectant and nursing mothers, the aged and the disabled." As defined by the Subcommittee on Welfare, the term "welfare services" was interpreted as including:

Social relief such as food, clothing, shelter, and other basic necessities of life made available to persons unable to provide for themselves or their dependents; and

Services for the personal rehabilitation of individuals requiring special help.

Welfare services, of course, are to be coordinated with the health and other related services administered by UNRRA.

With respect to responsibility for the administration of welfare services, the Council declared that so far as possible these should be administered "by the government or recognized national authority concerned and that the Administration [i.e., UNRRA] should make its resources available to the appropriate agency in accordance with plans agreed upon between the Administration and the national agency." Thus, the usual method of operation will be for UNRRA to help national governmental agencies to meet their own welfare problems rather than for UNRRA itself to administer welfare services.

However, it was made clear that UNRRA should "be prepared to administer welfare services directly, either in part or in whole, when called upon by a government or recognized national authority, which for any reason is unable itself to administer these services." The Council further declared it to be its policy to enlist the cooperation of appropriate "foreign voluntary relief agencies, to the extent that they can be effectively utilized in relief activities for which they have special competence and resources, subject to the consent and regulation of the Director General . . ." The extent to which foreign voluntary relief agencies may be used in conjunction with the UNRRA program is a matter to be determined by the Director General in consultation with the government or recognized national authority concerned.

Realizing that the Administration cannot simultaneously meet all needs that will confront it, the Subcommittee on Welfare declared:

If, in initiating relief operations it is impossible immediately to inaugurate all needed measures or if, for any reason available resources should prove inadequate to meet all needs, it may be necessary to establish priorities. . . . Responsible authorities must constantly be aware of the extent of needs remaining unmet, and do all within their power to see that essential welfare services are provided as quickly as possible. For example, although in initiating operations it may be necessary to begin with the children effort must be made, as soon as circumstances permit, to extend needed assistance to their parents also.

In keeping with broader policies already referred to, the Council specifically prescribed that "welfare services administered by or in cooperation with the Administration shall be provided without discrimination because of race, creed or political belief."

Another important principle adopted by the Council was that "welfare services should be designed to help people to help themselves" and that "wherever possible constructive work opportunities and measures for self-help should be provided to permit those receiving relief to produce at least some of their own basic requirements." Further elaborating upon this principle, the Council's Subcommittee on Welfare reported as follows:

Welfare services . . . must . . . permit recipients to maintain their self respect.

To prove truly rehabilitative, welfare services must be of sufficient diversity to meet the wide variety of needs. For example, provision for medicine as well as food, provision for a needed appliance, provision for tools to a needy workman, or seed and equipment to a farmer who cannot secure them otherwise, may all help people to

become self-supporting. Failure to provide needy persons with those essential services, on the other hand, may prolong the necessity for reliance upon relief measures.

Social insurance institutions in each country also offer a sound and permanent basis for constructive rehabilitation. Every effort should be taken, therefore, to rebuild and strengthen these systems wherever necessary. . . .

There are also somewhat more extensive programs that will be needed. These include aid to broken families to help breadwinners and dependents to reunite; vocational training or retraining of workers young or old, injured or disabled, or workers temporarily or permanently displaced.

With respect to relief methods that may have to be employed, the Subcommittee reported:

Almost as important as the prompt provision of necessary supplies is the method of their distribution. For example, in some instances what is most needed may be temporary measures for mass feeding or, perhaps, school-feeding projects. In other instances the use of food tickets or food orders might be desirable. Again, it might be that cash allowances should be granted to resourceless persons to permit them to purchase through normal channels the relief supplies they require.

In support of the principle of relating welfare services to the particular needs of a nation or an area, the Subcommittee on Welfare declared:

Still another cardinal principle to be observed is that welfare services must be carefully related to the customs, ways of life, and standards of living prevailing in the countries of operation. For example, foods to be provided should, so far as possible and consistent with proper standards of nutrition, take into account native preferences. Clothing should be adapted to weather and local tastes. Also, account must be taken of the various cultural and religious as well as social sensibilities.

Furthermore, every effort should be made to preserve and strengthen normal social groupings. Rather than to initiate or prolong unnecessarily mass feeding or mass housing families should, wherever possible, be helped to live together as families. Similarly, attempts should be made to enable children to live with their own or foster families rather than in institutions unless specialized institutional treatment is clearly required.

As aids to adapting welfare measures to national and local needs it will be important in field operations to give national and local leaders a real voice in the framing of policies to be carried out. Only if this principle is observed can services made available by or in cooperation with UNRRA make a maximum contribution to the strengthening of a nation's own continuing relief and welfare measures.

Welfare Personnel

Turning to considerations with respect to the personnel required to administer wel-

fare services, the Subcommittee on Welfare reported as follows:

To insure effective administration of its program UNRRA will require qualified welfare personnel. In the selection of an administrative staff, therefore, first consideration must be given to technical competence. Whether the task is to care for orphaned or other disadvantaged children; or to render any of the wide variety of services likely to be needed, the primary requisite should be knowledge of the work to be done and skill in its performance.

Among the types of welfare personnel likely to be needed are specialists in the care of children; specialists in nutrition; specialists in the care and vocational training of disabled persons; specialists in the development of work opportunities through which needy persons can be helped to provide some of their own requirements; specialists in the operation of welfare institutions; and specialists in the administration of employment offices and the social insurances.

Second in importance only to technical competence is a sympathetic understanding of the economic and social situation of the people among whom welfare work is to be done. Consideration must also be given to the selection of personnel having a knowledge and an appreciation of the normal customs and ways of life of the people among whom they work. Ability to speak the language of a people is, of course, to be desired but should be subordinated to technical competence.

A further consideration to be kept in mind in the selection of personnel is the ability to carry out responsibilities without favor, prejudice, or discrimination.

Because of the pressure and difficult conditions under which relief work must be carried out, care must be exercised in placing in demanding roles only those with sufficient physical vigor and stamina to perform their arduous duties successfully.

Attention must also be given to the selection of personnel that will be flexible and adaptable. Staff members will need to be imaginative and ingenious in devising ways of making resources yield the largest possible returns and in meeting problems not coming within their usual fields of responsibility.

Personnel engaged as members of the staff of UNRRA must have an appreciation of the principles underlying the UNRRA program. Furthermore, since UNRRA is a truly international organization, its welfare staff should be comprised only of persons possessing an international viewpoint and willing—for the period of their employment by UNRRA—to dissociate themselves from any national interests or objectives which might conflict with their responsibility to the family of nations by which they are employed.

In order that welfare workers—whether employed by UNRRA, by other governmental agencies or by voluntary organizations—may be adequately prepared for their exacting duties the necessary training programs should be initiated immediately.

(Continued on page 38)

A CHALLENGE TO SOCIAL WORK— THE MEDICAL SURVEY PROGRAM OF SELECTIVE SERVICE

By Luther E. Woodward, Ph.D., Field Director,
Liaison with Selective Service, National Committee for Mental Hygiene

NATIONAL Headquarters of Selective Service has established a Medical Survey Program to make health, social, and educational histories of registrants available to medical examiners at the armed forces induction stations.¹ Health and social histories are to be gathered by qualified social workers and public health nurses who will be officially appointed by state directors of Selective Service as medical field agents, one or more of whom will be attached to each Selective Service board. It is hoped that a history will be obtained on each registrant appearing before induction board medical examiners. Information obtained under this new program will be held in strictest confidence by those responsible for its accumulation, as well as by the examiners at the induction stations.

This program has been developed in an effort to meet the problem of a distressingly high rate of discharges from the armed forces for neuropsychiatric reasons. It is expected that the number of such discharges for the calendar year 1943 will approximate 200,000 men. The Secretary of War has stressed the importance of this program and the Surgeons General of both the Army and the Navy have enthusiastically endorsed it.

Forty states have had some program of record clearance and reporting. In some instances such programs have been limited to clearance against institutional files; other states have had a broader program, but with

¹ A bulletin was sent to chapters on December 1, telling of this program and enclosing a copy of Medical Circular No. 4 which describes it officially for use by local boards of Selective Service.

As Liaison with Selective Service for the NCMH since February 1943, Dr. Woodward has been very close to the development of the recently launched medical survey program of Selective Service, and is now actively concerned with putting it into operation. He is on leave from the Bureau of Child Guidance, New York City Board of Education, where he has been a member of the staff since 1932. Dr. Woodward has a Ph.D. degree from Columbia University and is a graduate of the New York School of Social Work.

only partial coverage. At best, such programs procure histories of not more than 10 per cent of Class 1 registrants. The new program is developed to get something nearer to 100 per cent coverage.

The emphasis in most history gathering programs heretofore has been to obtain evidence of pathology, and reporting has been limited to such evidences. In the Medical Survey Program, information which gives evidence of good health, good school and work adjustment and constructive family relationship is to be reported, as well as evidences of pathology. The program is designed for the proper protection of registrants, and as an essential aid to medical examiners in reaching a decision about the acceptance or rejection of registrants. Statistically, the job is a big one. At

the expected rate of induction and rejection for the next six months, it will mean compiling histories on 50 to 75 men per month for each of the approximate 6300 local boards in the 48 states.

Medical field agents will serve as volunteers, as do the physicians and members of the Selective Service boards. It is hoped that agencies will allow their workers who volunteer for this service to use some salaried time, and also will provide for incidental expenses. In some parts of the country some agencies are making very liberal time allowance for this work.

Some social workers may be called upon to serve as advisors to state directors of Selective Service. Others may work on state or local committees to assist in recruiting

workers and establishing the social and health features of the program. The mass job, of course, is that of the medical field agents. To offer your services, get in touch with the state advisor, or if not known, with the state director of Selective Service.

For those who are curious about the title "medical field agent,"¹ there are just two reasons for it. In the first place, it was chosen to link the work as closely as possible with the medical examination. In reality, the history is an adjunct to the physician's examination and has no use apart from this. It is still the doctor's diagnosis and recommendation that determines a registrant's acceptance or rejection. The second reason is that the term *social worker* is still believed to be so poorly accepted by the public that serious opposition might have developed if that term had been used in official announcements and communications. Presumably, we have ourselves to blame, at least partially, for this unenviable reputation.

It may be noted that the DSS Form 212, which is to be used for reporting health and social history material, is a compromise between the psychiatrists and the social workers. The "yes"- "no" check list which comprises the face of the form was requested by induction board psychiatrists so that they might catch the essential features of the history almost at a glance. The reverse side of the form should satisfy the preference of social workers for recording specific data in narrative form.

The writer is serving as advisor to General Hershey, and as secretary of the Advisory Committee on Social Service, of which Dr. George S. Stevenson, Medical Director of the National Committee for Mental Hygiene, is chairman. Other members are: Miss Jane Hoey, Director of the Bureau of Public Assistance, Social Security Board; Mrs. Lucille Smith, Chief of Medical Needs Section, Bureau of Public Assistance; and Mrs. Elizabeth H. Ross, War Service Secretary of the American Association of Psychiatric Social Workers, who also represents the Wartime Committee on Personnel of the AASW.

Why Social Workers Should Do the Job

The question arises: Can we take it? Some may feel like our five year old son who, recently, while convalescing from a broken

¹ The official definition for medical field agent, given in Medical Circular No. 4, is: a person who is "educationally trained or occupationally qualified to do health or social work in a public or private social or health agency of recognized standing."

leg (fracture sustained while playing war games) and suffering from a virulent form of respiratory infection which gave him 104° temperature, congested his chest and caused his head to throb and both ears to ache, pled with his mother: "Please don't go out and leave me now. So much has happened to me, I can't take it any more." Social workers may feel that so much has happened to them and their jobs that they can't take anything more. Personally, I believe we can "take it" and that we must do the major work of the medical survey.

There are at least five good reasons why we must do the job. In the first place, it is important to the nation. An army is only as strong as the men who make it up. It is strong only if the men in it are able to adjust to the rigors of military life and perform efficiently under conditions of stress. An army is strong only if there are no weak spots in terms of morale, and the presence of even a few men who cannot adjust weakens the fighting power and spirit of the whole unit. If our armed forces are to be strong, the unadjustable must be kept out. Again, if morale at home and in the armed forces is to be strong, those whose history and present status indicate that they can adjust to military life must be inducted without discrimination and be trained to serve along with their neighbors.

The officials of National Headquarters of Selective Service, the Secretaries of War and Navy, the teams of examining physicians at induction stations, all say that social and health histories must be made available in the interest of proper selection of men for the armed forces. It is the opinion of these officials that social workers and public health nurses are best equipped to assemble such facts, and for that reason these groups are being asked to do the work.

Secondly, as social workers we should undertake this work because it gives an important service to our fellow citizens. Only through the use of history material can proper protection be given to those whose constitution, health and social experience have been such as to make them unable "to take it." Most of the 200,000 men discharged for psychiatric reasons during the current year were gainfully employed and making a tolerably good adjustment as civilians. Many other thousands of men among the three or four million to be examined next year must be protected from risks which would break them and endanger others. It appears to many of us that we must accept this task or deny

our basic philosophy of service to individuals and to the community.

In the third place, we should do the job because it will give important assistance to the medical examiners. With the personnel shortage in the medical profession, and in psychiatry especially, it is impossible to increase the induction board staffs and examination time sufficiently to improve selection in that way. Moreover, the greatest promise of improvement in selection rests in the availability and use of history material rather than in more extensive examinations and laboratory tests. I have talked with the psychiatrists of many induction stations and have been told by all of them that they need histories on all men except those with rather obvious pathology and some of the most adequate and obviously well adjusted. Recent retrospective studies of men who broke down or failed to adjust in the armed forces in pre-combat stages indicate predictive factors in the pre-induction histories of almost all.

Fourthly, the medical survey gives social and health agencies a major opportunity for essential service in the national crisis. Are our agencies, both public and private, sufficiently broad-minded and flexible to accept the challenge of the Selective Service System and loan some staff time for this work? Naturally, this work has not been written into our agencies' charters, nor is provision made for it in our traditional agency functions. It is not expected that agencies should stop their present work in order to undertake the medical survey, but it is expected that they have a sense of the needs of the times and do their best in the medical survey work.

Agencies doubtless will need to make adjustments in their programs if this work is to be done; but in the face of this war, what of it if histories are shorter and regular interviews fewer or briefer? Agencies can certainly not expect to live in ivory towers where no disturbances can be suffered. As a matter of fact, some agencies have allowed many of their workers to use from ten to fifteen hours a week in the medical survey work without any disastrous results to the agency and some workers report a new enthusiasm and efficiency.

It has been found helpful for agencies to make clear to their workers that they may volunteer for the medical survey work and to allow them some paid time for those parts of the work which really have to be done during regular working hours. As a rule, workers volunteer some of their own evening and weekend time.

Finally, it is important for social work as a profession. It means national recognition of us as a profession and enables us to take a place in the Selective Service System comparable with that of the medical and legal professions which have heretofore been used extensively. Actually, we have been asked by our government to do this work because we have the professional knowledge and skills which ensure that the work be well done. At National Headquarters there has been increasing recognition of social work as a profession and awareness that social workers have a knowledge of sources of information possessed by no other group. It is believed that we would be discriminating and skillful in the handling of confidential information; that we will prevent, or reduce to a minimum, serious mistakes which could easily occur in this work if done by unskilled people. It is recognized that as a professional group we have a capacity to work with all sorts of people, including the other professions, and that we can work under pressure. It is essential that the work be done by those who have good sense about putting first things first and can bring quality standards into this admittedly large job. What other group can do the job as well?

The medical survey also offers unusual opportunity for creating better understanding of our profession, and obviously there is need of improvement when a large federal agency decides that there is too much stigma attached to the term *social worker* to use it in official documents! In the course of our work in the medical survey, the approximately 30,000 members of local Selective Service boards, and the much larger number of registrants and their families, who represent the public, will doubtless acquire a better understanding of what social work is about and have at least some acceptable experience with social workers.

The medical survey may also be good for us in helping us to grow up. Unlike adolescent boys and girls who need no encouragement to induce them to wear long trousers or to use lipstick, we, as a profession, may need just such a push as the Selective Service System is providing to accustom us to work outside the protective walls of our agencies, where we must deal quickly with masses of men.

We will have to keep to the point in both interviewing and recording, focus on the facts, and avoid indulgence in personal opinions. The work will give abundant opportunity to practise our faith in the worth of the indi-

vidual and to use our skill in dealing with him objectively. We shall have to forego all urge to establish "long term therapeutic relationships," but we have unusual opportunity to prevent break down and maladjustment. Moreover, the contacts made and the better understanding produced through the work of the medical survey will, I believe, go far to insure our profession its full opportunity in the work of rehabilitation.

The shortage of social work personnel in many agencies was recognized by our government but nevertheless it asked us to do the job because of our professional qualifications for it. It is a challenge which we must accept.

Certain organizations whose members are not trained in social work have offered their services; but our government has a strong preference to have the work done by our professional groups. We will hardly be criticized if we fail to do a 100 per cent job but we would deserve to be severely criticized if we failed to undertake it. With an estimated 30,000 social workers and 20,000 public health nurses in the country available for the program, our participation is certainly a reasonable expectation, and with the support of all the national social work associations and federations committed to the program, we should succeed if local agencies and workers will come forward with offers to assist.

Social Work and the OPA

THE program of the Office of Price Administration is of interest to social workers because it is an active factor in everyone's lives these days. Like programs of medical care and education, it is a program with which social workers need to be sufficiently familiar to understand its effect on people and to help people in managing their living in the best possible fashion.

The OPA is actively concerned to disseminate information about its program and seeks also to obtain from as wide a variety of sources as possible information about how people's lives are being affected as the program is applied and developed locally. Through the Group Services Branch of its Consumer Division the OPA is anxious to reach all social workers, and is working closely with the national functional organizations as well as social agencies themselves. Considerable written material is available, for example. Chapters of the AASW having a special interest in consumer problems related to the program of the OPA may wish to get in touch directly with Ernestine F. Fried-

mann who is in the Group Services Branch and is working particularly with social work groups. OPA materials are available through her and, in the course of her work in the field, she may be available also for direct contacts.

The OPA needs from social workers advice on how its program affects social work services. The instigation of the gas rationing program is an illustration, and there are and have been many others. It needs more too of the kinds of knowledge and experience social workers have about the planning of family budgets and about the present day difficulties of consumers—the client group. OPA regulations apply, whatever the income, and difficulties may arise, regardless of income. There is an opportunity here for social work to show the true breadth of its function—how far beyond the "relief function" it goes. More and more direct lines of communication between social workers and the OPA are needed for these purposes. The two sources for contact locally are, of course, the local war price and rationing boards and the district OPA offices which have been established in 8 regions and under which the war price and rationing boards operate.

A BUSINESS ENTERPRISE AND SOCIAL WORK

By Elizabeth Evans, Social Service Department,
R. H. Macy & Co.

LATE one afternoon, Mrs. Curtis who is one of our 15,831 Macy employees came into the Social Service office. "This is my first day at full time work," she told us, "and since you are really responsible I thought I ought to celebrate by coming in to see you. I'm still not sure just what you did but I know I feel differently about everything. It's as though nothing could lick me now. For the first time in my life I feel really adequate."

We have known Mrs. Curtis for some years, since from time to time she has borrowed money, asked advice about clinic care or children's camps, but until recently our contact with her had been a superficial one. Mrs. Curtis is a widow whose part time earnings have been supplemented by a Board of Child Welfare allowance and it was a threatened reduction in this allowance which had brought her to our office, weeping, helpless, and in a state of terror bordering on hysteria.

On the surface there was no reason for Mrs. Curtis to be so upset. Even with the proposed cut her income still would be large enough to cover the necessities of life and some of the luxuries; her wild talk of having to move to the slums was without validity since she would still be able to maintain her present scale of rent; her fears that her child would suffer from lack of proper food were obviously groundless.

We might have pointed this out to Mrs. Curtis. We might have sympathized with her distress and showed her how to manage her reduced income by working out a budget for her. Mrs. Curtis is a polite person and I am sure that she would have thanked us nicely and gone away still unsatisfied and feeling that we did not really understand. But we didn't do any of this for it was clear that Mrs. Curtis' trouble lay much deeper than her concern about a limited income and any help to be really effective would have to take into consideration hidden feelings and attitudes.

Given the opportunity, Mrs. Curtis poured out her story. She had been the youngest of several children, all of whom were much older than herself. As a child she was frail and was always closely watched by her mother, a dominating person who apparently derived great satisfaction from the child's dependence on her. The older children, Mrs. Curtis felt, had definite and

strong personalities of their own; they were more than a match for their strong-willed mother. All through childhood Mrs. Curtis resented the fact that she alone could make no decisions for herself, was allowed no responsibility, was not considered in family plans. Adolescence brought better physical health and with it a determination to succeed on her own. The habit of years was too strong, however, and Mrs. Curtis found herself court-

Origin of Macy's Social Service Department dates back some 28 years, says Miss Evans, who herself has been with that department for the last seven years. As Miss Evans describes the present operations of the department, she deals with some of the problems pressing on social work now as it attempts to work out its relations with industry. Along with other articles in this issue related to this subject, it contributes greatly to the knowledge and background we need to push back this newest and vast frontier. Miss Evans came to Macy's from several years' experience in the Brooklyn Bureau of Charities and the Family Society of Philadelphia. She holds degrees in social work from both Bryn Mawr, Carola Woerishoffer Graduate Department, and the New York School of Social Work.

ing new opportunities yet fearing to meet them when the time came because she was so sure of failure.

Before she had finished school she married a nice, weak, inadequate sort of boy who by contrast made her feel strong and resourceful. They were happy together and then shortly after their only child was born he died and Mrs. Curtis was again thrown on her own resources. She lived with her family for a while but she did not want to be dependent on them. She wanted a home where her child could have everything which she herself had never had, so she moved to a small apartment and came to work in Macy's. Her work history, as might be expected, had not been very successful although at the time she came to us about her allowance she had managed to hold her job for ten years. Her hesitant, shy manner and fear of failure made it difficult for her to approach customers. Her concern about her home situation had made her department manager feel that she was not interested in her job.

All this material did not come out in one interview. Mrs. Curtis returned to the Social Service office by appointment several times. As she discussed her childhood experiences and their relationship to, and effect on, her present situation she gradually acquired some insight into her own problems and was able to recognize the fact that the threatened cut in her income brought to the surface again all her old feelings of inadequacy and fear of failure. As she discussed her relationship with the child she was able to see what a success she had made of it and this gave her new encouragement and confidence. She was able to discuss the matter of the proposed cut in her pension objectively with her daughter and in telling us about it said, "It was easy to reassure her because I am no longer afraid myself." Before many weeks had passed Mrs. Curtis decided that she was ready to take a full time job so that she could be "really independent."

In Macy's the Social Service department is, and we feel strongly should be, distinct and separate from the rest of the departments in the Personnel Division. Employees bring their problems to us secure in the knowledge that our relationship with them will be a confidential one. Occasionally a new employee will tell us of financial need in the hope that we can bring about a raise or a transfer to a better job but there are few of these and most of our employees know that specific job problems should be taken up with their personnel representatives.

Employees come to the Social Service office for help about almost everything. They want to know where to get all kinds of medical treatment, where to find places to live, how to spend their spare time profitably yet inexpensively, where to go for vacations. They ask questions about relief agencies and whether their families or their friends are eligible for relief. They want to know about homes for children and old people, and day nurseries for children. New York City is full of highly specialized and all too often little known, resources which help to make life pleasanter and easier. Employees ask for a great deal of legal advice: whether they can be sued, can break leases, can force their husbands, parents, children, to support them. Some of these questions we can answer and others are referred to our Legal Department or the Legal Aid Society.

Marital difficulties and child training problems bring many people to the Social Service office. Problems like these, of course, are much too complicated to be handled by advice or any other superficial measure. When it is apparent that successful handling of these cases will mean long and intensive treatment they are with a few exceptions referred to local family agencies. Occasional referrals to psychiatric clinics are also necessary.

Social work as a profession has made tremendous strides in the past 15 years. No longer do we as social workers feel that our work is accomplished when we have given our client advice. No matter how sound such advice may be, we know now that it is of little use unless the client is able to accept it. Another relic of the past is the social worker who, unsolicited, sought out employees who she had reason to think were in trouble. Today in Macy's we feel that we have no right to visit an employee unless invited, no right to question the employee unless the employee himself is asking help. This attitude of course requires considerable interpretation, particularly to executives in the store.

The department manager who called us about Mrs. Crowley was upset. "She works part time and makes \$14.00 a week," he told us; "she supports an invalid husband and two children. Can't you do something for her?" We asked a few questions. Yes, Mrs. Crowley was a new employee, had only been with us a month; yes, of course there were full time jobs available, but because of her husband and children she had to be at home part of the day. No, he would not suggest that Mrs. Crowley come up to see us. She was proud,

much too proud to ask for help. Yes, he did have an idea about how to help her. We could let him have \$50 from our loan fund which he would give to her explaining that it was a loan to be paid back as she was able. No, he could not accept any of our reasons as to why this plan would not work out satisfactorily. And finally, what was the social service department for if not to help people who needed it? This is not a typical referral nor, on the other hand, is it an isolated one. Often supervisors feel that an employee would not accept help if he knew where it came from and find it hard to understand our feeling that the employee has the right to make the decision.

It is of course perfectly natural for an employee to turn to his supervisor when he has difficulties and many times the supervisor proves of real help. In other cases, however, the executive immediately offers advice and perhaps money only to find himself becoming more and more involved in a problem which he cannot solve without the cost of additional time, inconvenience, and money. Then, too, there is apt to be a reaction against the employee particularly if the advice is tried and does not prove successful. Sometimes a situation which should have been referred to the Social Service office in the beginning is handled in the employee's own department without success and finally when a crisis arises the Social Service office is called in.

At these times the department manager may be reluctant to work with us because as he says, "I tried for a long time to do something about that and there is nothing that can be done." Sometimes, of course, it is the employee who is unwilling to ask for assistance. Many people would like to be helped without having to face the reality of asking for it or of indicating need. We know from experience, however, that help given under these circumstances and without the recipient's full participation is often not needed, usually unsatisfying, and invariably destructive.

But what about Mrs. Crowley? While we were still wondering what else we might have said to the department manager that would have given him a little better understanding of the situation, Mrs. Crowley herself appeared in our office, sent, not by her supervisor, but by a fellow worker who thought that we might have information regarding clinic care for her husband.

Almost immediately Mrs. Crowley spoke of her husband's work and added proudly

that in spite of his physical condition he had not missed a day from work in over two years. His salary was \$30.00 a week. She paused and then said, "That's been bothering me a little. My department doesn't know that he works and all the girls help me." She was quiet for a minute and then went on, "It wasn't really my fault, not at the beginning anyway. I told them that he was sick and I guess they just took it for granted that he couldn't work. Anyway they began being very nice to me—why, every day a different girl took me to lunch. I never had so much attention. Then when I realized that the reason they were all so nice was that they were sorry for me having to support four people on \$14.00 a week—why I just didn't have the strength to spoil it all."

This seems to be typical of how destructive help given impulsively and without knowledge of the facts can be. Macy employees are generous and they want to help. We are constantly trying to interpret our work to executives and staff alike, to discourage "collections" which offer no real help to those in need and often mean real hardship to the individual donors, and instead to encourage referrals to our office. Much of our publicity is the reliable word-of-mouth kind, but we do have several more formal channels. These include articles in our monthly magazine for employees and in the booklet given to new employees; talks to various supervisory groups; and occasional reminders in the general bulletins sent to all departments from the managers' office.

Sometimes there is actual financial need and these problems we can meet in several ways. We can grant relief outright or we can make loans to be repaid without interest and over a period of time according to the employee's ability. These loans are usually restricted to emergencies and we make every effort to see that employees use the loan fund as constructively as possible. In order to determine the amount to be repaid we have to go pretty carefully into individual budgets, and often we can help the employee plan his expenditures more wisely. One interesting feature of these budget discussions is that the employee becomes aware of the fact that if he can afford to repay \$1, \$2, or \$5 a week on his loan he could also save this amount, and many people who have borrowed money open savings accounts just as soon as their loan is repaid. In order to make saving easier employees are allowed to deposit money with us, which money is then transferred to a local

bank. It is possible for an employee to have more than one loan but unless he has had a series of disasters we usually feel that an application for a second loan indicates that the first loan was not of any real help to him as far as learning to budget his expenses was concerned. Employees wishing loans for less emergent purposes, tuition, furniture, etc., are referred to our credit union.

Another aspect of our work has to do with retired employees. The case worker interviews each old employee about to be pensioned, and helps him plan for the future. Sometimes the adjustment is a very difficult one, sometimes a cut in income means moving to cheaper quarters, reducing expenses everywhere. Often the most difficult part of the adjustment is a psychological one. Most of our old employees have worked hard for many years, have never prepared themselves for leisure. The store has been their life and they don't know what to do with themselves when they can no longer work. For these people we plan fairly frequent contacts during the early months of their retirement, encourage them to renew acquaintance with other retired employees, to visit with us and members of their old department when they come into the store to shop and send our monthly magazine so that they can keep up to date on store activities.

Briefly, then, the approach of a case worker to employee problems in a business setting of this sort is threefold: informational, environmental, and psychiatric. First, there is the information service. A case worker working in a large city should be thoroughly familiar with all its resources, educational, health, recreational. She should know the functions of the various social agencies and understand their policies and practices; she should have a working relationship with these agencies. Second, the case worker should be able to recognize when help should be given on a situational basis and administer it accordingly. This environmental assistance would cover the granting of loans, relief, and actual help with budgeting problems. And third, the case worker should be able to help employees adjust to their situations; to give them insight into their own problems; to help them realize their potentialities. She should be able to discriminate between hopeful and inoperable situations and to direct her activity so as to achieve the maximum results. Finally, the case worker should be a person who understands not only the point of view of the individual employee but that of the firm as a whole as well.

One of the additional services which we have been trying to develop is a consultative one for supervisors. Management has always used us as one resource in dealing with long-service employees presenting job problems. These include employees who because of age or illness or personality difficulty cannot continue in their regular work. These interviews are preceded by one between the employee and the department manager in which the employee is told of the difficulty and that we will try to help him work out a solution. He understands that our interview with him will be discussed with management in an effort to find the best possible place for him. Recently more and more supervisors have been calling on us for advice in dealing with staff problems. "Too good a worker to lose, but—" these appeals usually begin, and end, "How do you think I ought to handle it?"

Social work in Macy's is not a new development. Its origin dates back 28 years and is an interesting one. To quote Ralph M. Hower in his "History of Macy's of New York":

For a number of years sensational stories had circulated about immorality among department store employees, supposedly resulting from the low wages received by the salesgirls. . . . A minister (of New York's Committee of Fourteen) . . . discussed the problem with Percy Straus as a result of which the Strauses agreed to give full cooperation in an investigation, as a test case, among Macy employees. Three young women selected by the committee worked as employees in various parts of the store during a period of six months. . . . They made detailed reports. . . . The general conclusion was that the behavior of the working force . . . was about what could be expected in any large and representative group of people and that there was no connection between low wages and immoral conduct. What impressed the investigators most was the existence of a surprising degree of inefficiency and a general absence of enthusiasm among the employees for their work. Deeply impressed . . . the Strauses set about to improve conditions. Almost their first step was to employ one of the investigators, Marjorie Sidney, whose reports had revealed an unusual grasp of the problem, to assist with welfare and educational work. The entire task of recruiting and training employees was centralized in a separate department and a systematic effort was made to improve personnel relations.

Under Miss Sidney's capable leadership the social service department developed and expanded until 10 years later it consisted of herself, the director, a case worker, a recreational worker, a librarian, a camp director, and such clerical, and in the case of the camp, housekeeping and counseling assistance as was necessary. The size of the staff remained substantially the same until three years ago when the interest of our employees in war activities made the establishment of a large war relief

workroom necessary and the employment of a full time supervisor for the workroom.

Until two years ago, we provided a number of varied recreational activities for our employees. With our entrance into the war, however, this was changed almost overnight. Camera clubs, stamp clubs, dancing classes gave way to First Aid, Nutrition, and Home Nursing courses. The Little Theatre and the Glee Club were continued, but instead of working to entertain Macy employees, these groups began to entertain service men in hospitals and canteens. Floor and departmental parties were abandoned in favor of Red Cross benefits and dances for service men.

The Library too reflects the changing interests of employees. It has always been well-equipped with fiction, travel, biography, etc., as well as books having to do with retail marketing. During the past two years, we have not only added to the Library most of the fiction, and non-fiction books published, but we have also included material for pre-induction study and other technical books relating to defense work. At the present time our weekly circulation is about 2,000 books.

The only one of our social activities which has remained relatively unchanged by the war is the Macy Camp. Camp Isida, named in memory of Isidore and Ida Straus, was started during Miss Sidney's administration. It is more like an informal country club than a camp. The campers live in substantial houses with modern improvements and enjoy a private lake, tennis courts, baseball field, acres of woodland with shacks for picnics and overnight stays, a toboggan run, a recreation hall and an arts and crafts lodge. Rates are \$12.00 to \$14.00 weekly.

We have not spoken of the medical care provided by Macy's for its employees. This is because our medical department is entirely separate from the Social Service office. Employees become members of the Macy Mutual Aid Association after six months of service and thereafter contribute one per cent of their salary to the association. Macy's matches the employee's contribution, and has always made up any deficit that existed. This provides a sick benefit amounting to two-thirds of the salary for a maximum of 26 weeks in any one year or for any one illness; eight weeks hospital benefit; and a death benefit of five times the weekly salary. (Additional benefits are provided for our employees through the

group life insurance which offers death benefits and free nursing service.) Employees report to the Macy hospital when they are ill and when they return to work after an illness; and in addition periodic examinations serve to check on their physical condition. When employees are ill they are visited by our nurses who make sure that they are getting adequate care and treatment. Employees who are convalescent are sent to Camp Isida to regain their health. The value of our medical department is shown by the fact that our death rate is less than two-thirds what might be expected, and less than one-third of the number of people who might be expected to resign because of ill health actually do so. Obviously when two departments such as the hospital and the Social Service office exist solely for the welfare of employees their successful functioning is the result of close cooperation. The doctors and the nurses, aware of our work, frequently refer employees to us for help and we in turn just as often call on them.

I have included this brief description of our medical and recreational program in order to make more nearly complete the picture of Macy's employee service, and not because I think these activities should be the immediate responsibility of a case worker in industry. As a matter of record, however, many firms having so-called "welfare" departments expect one person to serve as nurse, recreational leader, and social worker and in few of the present day "counseling" jobs is there any clear definition of function. Under various headings, all adding up to "Social Work in Industry," we read of social workers interviewing all late employees, calling at the home to check on absenteeism, ordering groceries and calling for manicure and shampoo appointments for employees. We have spent many years, and still have not entirely succeeded, in educating the public to a realization that we are not Lady Bountifuls, handing out well-filled baskets to those worthy of our care. This other concept of a social worker as a combination of disciplinarian and social secretary is not much of an improvement. In entering a new field we as social workers must be sure of ourselves and of what we have to offer. Industry as a whole is far sighted and we can be sure that management will not long be satisfied with the superficial services which are labelled social work today. Social work in industry is an almost unlimited field. We have entered it: now it is up to us how long we stay.

A DESCRIPTION OF INDUSTRIAL COUNSELING

By Elizabeth J. Coyle, former Industrial Counselor, RCA Victor Division, Indianapolis, Indiana

ANY employed person is first a member of the group with which he works and is charged with carrying his share of the required production. Second, he is an individual living in his own personal surroundings, with his particular responsibilities, interests, and beliefs. When, for some reason, the demands upon the worker as an individual conflict with his responsibilities as a member of a working group, his usefulness on the job decreases. With a few outstanding exceptions, until recently, industry evinced little interest in why a worker's usefulness was less than normal. He was put on a job, given some instructions on how to do it, and he either produced or "got fired". But labor shortages resulting from the war emergency have made industry conscious of the necessity for manpower conservation. Conservation implies keeping presently employed workers on the job, with each worker producing to the best of his ability. Conservation demands not only that provision be made for the orientation of a new worker to his job, but also that continuous effort be made to seek out the causes that result in turnover and absenteeism.

Orientation, Turnover, Absenteeism—these are words of industry and strange on the tongue of a social worker. But the problems inherent in these three words involve people, and the basic principles for understanding and dealing with people are the same in industry as in the field of social service. And because the social work profession represents specialization in the techniques for dealing with people, industry today is calling on social workers to help solve its problem.

The job of a social worker in industry may be called by various titles. The most

Miss Coyle's interest in industrial counseling grew out of a 3 month's experience in Indianapolis organizing the program of day care for children there. She has had training at both Indiana University, Training Course for Social Work, and the School of Social Service Administration, University of Chicago. Early in the year Miss Coyle expects to continue her work in industry on the west coast where she feels there are even greater opportunities for industrial counseling; she is taking advantage of this interlude to complete work for her degree in social work.

common and probably the most descriptive is *Industrial Counselor*. True, the industrial counselor may or may not be a trained social worker in the eyes of that profession, but any effort to help an individual to adjust to a situation in which he finds himself is, without question, social service.

The counseling job varies in different industries, but the following description based on an analysis of the job performed for RCA Victor Division in Indianapolis will provide an idea of typical activities.

Works in a staff capacity in a manufacturing department, analyzing problems affecting personnel and cooperating with department management in solving them, but is administratively responsible to the Personnel Department in order to maintain an objective point of view. Plans and participates in orientation of new employees to department routine. At request of supervisor or worker, interviews employees who are terminating employment or are dissatisfied with work or desirous of obtaining advice on personal difficulties; may discuss general problems and individual cases with representative of supervision or management to determine correctives. Conducts surveys and prepares reports on major departmental personnel problems, such as turnover and absenteeism, stating facts and indicating causes as determined from interviews, general observation, and study of records, and suggests possible methods for improving the situation. If suggestion is acceptable to management, may proceed with development of plan and assist in placing it in operation. On special assignment from Personnel Director, may perform similar duties in connection with problems that are plant wide in nature.

Some actual examples may bring this description of duties to life. There were the thirteen girls whose employment was to be terminated because of "chronic" or "continuous" absenteeism. In company terminology, the "chronic" absentee is the employee who at more or less regular intervals misses a single day's work, and the "continuous" absentee is

off the job for a week or more. Until recently, the usual disciplinary measure was termination of employment. In this instance, the foreman requested that the counselor interview the thirteen girls and make recommendations for action. The interviews brought out legitimate reasons for absences from work: husbands in the Army expecting to be shipped out, illness of worker or member of the family, death in the family, or marriage of the employee. In most instances the girl had attempted to notify her foreman concerning the reason for absence, but busy telephone lines prevented a call or a friend had failed to deliver the message. Each of the girls reacted favorably to the interview and expressed a desire to avoid "taking so much time off". With the encouragement of the counselor, several of the girls made appointments to secure medical attention to correct physical conditions responsible for absenteeism. In another instance, a special arrangement was made to enable a girl to have two hours time off once a week to have dental work done. She had been missing an entire day each week as company policy made no provision for leaving her job for short periods of time. Results of the interviews were reported to the foreman, and, on the recommendation of the counselor, all thirteen girls were retained on the payroll. Today, six months later, nine of these workers are still on the job, maintaining normal attendance records.

Although in many cases, the counselor must make an attempt to get down to the basic causes in reaching a solution to the problem of a worker, many times the simple and expedient solution is the best. Janie Smith was classified by her foreman as "no good". She never got to work on time and, since all other disciplinary measures had failed, dismissal seemed the only alternative. In the interview Janie explained that she lived in a rooming house; her landlady promised to call her, but Janie either did not hear the too gentle tap on her door, or turned over for one last nap. She had tried to buy an alarm clock, but none was available. A loud alarmed 98¢ clock which the counselor had stuck away in an attic box saved this worker for production.

One of the more important services which the counselor renders is referral of workers to available community social services. The interpretation which can be given often results in an entirely new concept of use of these services. Numerous referrals are, of course, made to child care or child welfare agencies. The local mental hygiene clinic has been extensively used, as has also the Red

Cross. Right now, as veterans of the present war begin to return to work, an extensive cooperative program with the State Division for Vocational Rehabilitation is being worked out.

Not long ago, the social worker of the YWCA residence hall called concerning Mary Landis, a sixteen year old girl who had applied for admission with a somewhat questionable story about a landlady who had moved suddenly, leaving her without a place to stay. Clearance with the local social service exchange showed a long history of service to the family and indicated that the girl's mother and father were both living in the city although maintaining separate residences. The YWCA worker hesitated to risk facing charges of "harboring a run-away girl", but disliked turning her away as her need for a place to stay was apparent. The counseling interview brought forth a straightforward story. Mary's mother deserted her when she was five, and she had lived with her father in Tennessee until about a year ago, when he had returned to Indianapolis. At her father's insistence, Mary had tried to live with her mother, but as she explained, "There were eleven people living in four rooms and you never knew who or how many you would have to sleep with". The girl also explained that she could probably get written consent to live away from home, but she expressed hesitancy about doing so as she had received considerable ridicule and abuse because of her desire to live "respectably".

On the basis of the counselor's information, arrangements were made for Mary to live at the YWCA. As follow-up, Mary's foreman was interviewed, and he reported that the girl was a "good worker" although she often "got upset and threatened to quit". He felt that knowledge of Mary's background and difficulties "explained a lot of things" and remarked that he would certainly do all he could to help "a kid with that much spunk".

Relationships between the counselor and representatives of social agencies are not always smooth. Certain differences in attitudes toward individual problems may sometimes appear. There was the case worker in the family welfare agency who called concerning Josie Magnus who was "terribly upset" and needed help in returning to her job. She had found a bedbug on her while at work and felt disgraced before the group. The case worker requested the counselor to consult with Josie's foreman, possibly to arrange a transfer. In all fairness to the other

girls working with Josie and to avoid magnifying the importance of an incident, the counselor's attitude in this case could only be that Josie was still on the payroll and merely had to report to work in order to hold her job. As may happen in any group, some bedbugs had been carried into the department, but steps for extermination were being taken. Josie had suffered no greater indignity than her fellow workers, and was entitled to no special handling.

No one thought to tell the girls why salt tablet dispensers were placed in the record room. The record department at RCA is a hot place to work in during the summer months, with the steam presses operating like so many huge waffle irons. For years the number of "faintings" in the record department was a matter for plant discussion. "Why don't the girls use any of the salt tablets in the dispensers?" asked the counselor, "Why do some girls faint frequently, and others never?"

Some careful inquiries brought answers to these "Why's". The girls did not use the salt tablets because they did not know what they were for, did not know how to take them, and experimental sampling had resulted in "stomach burn". Most of the girls who fainted were the coke and potato chip lunchers. Girls who ate well-prepared balanced lunches of food suitable for the season rarely were fainters. As a result of these findings, management launched a department-wide educational campaign. The girls received detailed information on why salt tablets should be taken when working in excessive heat, and how to take them with plenty of water. They were encouraged to eat adequate lunches in the plant cafeteria. There were just three "faintings" this season in the record department.

To the same extent that an attempt is made to interpret the worker's attitude to management so must the counselor attempt to interpret management's attitudes to the worker. Questions of job transfer make common problems. In most companies transfers are used primarily to upgrade workers in order to utilize skills or perhaps to remove a difficulty such as an allergy which a worker might develop toward some substance with which he is working. Frequently an employee at odds with fellow workers or foreman may ask to be "changed to another department". A blunt refusal may merely increase the worker's dissatisfaction and end with a "quit", but few fail to react favorably to a reasonable explanation that such transfers are wasteful, involv-

ing loss of time and money in training two workers to new jobs.

The examples which have been cited are typical of cases which come to the counselor. But it must not be assumed that such a service is established by merely stationing a person with sympathetic understanding at a convenient location, and waiting for the workers to line up with their problems. The counseling job is essentially diagnostic in nature. By the time any situation has reached the problem stage, it may be too late to institute corrective measures. The counselor must recognize the potential problems of individuals and groups of individuals when they are merely in the symptom stage, must analyze causes and arrive at conclusions for removal of the causes. In attempting to discover solutions, as is true of any similar research, the counselor must start with a premise, and then conduct surveys which will either support or disprove the premise. As mentioned previously, labor turnover is an outstanding problem in any plant today. At RCA clues to a possible corrective were indicated with considerable frequency in interviews with workers who "quit" after only a few days or few weeks employment. Such girls frequently admitted a feeling of frustration and failure, complained that they "just couldn't learn the job" or that their instructors had found them "just too clumsy". On the surface, more careful orientation and induction training seemed indicated. But an extensive training program requires time and energy, and substantiating evidence of its need must be provided before its inception. A survey of all terminations within a month's time brought out the following facts:

One half of all persons terminated had been employed two months or less

One fourth had been employed six months or less

To summarize, three-fourths had been on the payroll six months or less

There were, of course, two probable reasons to account for high mortality among new workers. It could be attributed to general unrest of the times, or to the fact that new workers failed to achieve the security which lies in knowing how to do one's job. Either of these two possible causes could be combatted in careful orientation and induction training. The training division and the counselor, in cooperation, developed not only careful initial training but continuous follow-up for a period of weeks. Sufficient time has not elapsed to measure results, but to date the reaction of both supervisory staff and new workers has been gratifying.

Because the viewpoint of the counselor must be objective—slanted neither toward management, the worker, nor "Personnel"—it is sometimes possible to develop new attitudes toward old problems. Too often a situation which exists over a long time is merely accepted as "status quo". Because working conditions in the Z department were somewhat less favorable than in some of the other plant divisions, it was an accepted fact that this department must maintain a higher rate of absenteeism and turnover. The Z department constantly had a lower percentage of its allocated working force on the payroll. Therefore, without proof, it was assumed that higher absentee and turnover rates were responsible, although no recent survey of the situation had been made. On request of the supervisor, the counselor compiled data which led to rather surprising conclusions. For a specific three months period, absentee rates in the Z department and two other major departments were compared. It was discovered that, contrary to general belief, Z maintained a lower absentee rate during that period. Terminations in the three departments were also compared, showing that Z also maintained a lower rate than the two other departments. Yet the fact remained that the Z department was losing ground more rapidly than the other departments in maintenance of its production force. One more source was examined—the allocation and assignment of personnel from the placement department. It was found that the Z department was receiving an apportionment of staff additions far below its proper ratio for the working force. Thus during one month, although the Z department represented about 14 per cent of the working force, it received only 6 per cent of the additions. Asking "Why" frequently indicates an entirely unsuspected source of difficulty.

No discussion of industrial counseling can omit some mention of how this service relates to the aims, objectives, and activities of labor organizations; and the importance of interpreting the counseling function to organized labor cannot be overlooked. There is no conflict and no over-lapping between the two. The union is the authorized representative of the worker as a member of a working group, and one of its activities is to interpret the needs of the group to management. The counselor serves as an interpreter of the individual to supervision and management, and may also, if necessary, serve in liaison capacity between the worker and his union. Thus, if possible solution of a given problem requires action by the labor organization,

through proper channels, and the counselor's recommendation can be referred to the union.

To insure effectiveness of the service this recommending and consultive capacity must be maintained in all of the counselor's relationships. One of the first obstacles to be overcome in establishing counseling service is fear on the part of supervisors that an attempt is being made to usurp their function. Even top management may be guilty of feeling that counselors should not be necessary if the foremen are doing their job correctly. No one questions the validity of a safety division although the responsibility for a worker's safety must rest with his immediate supervisor. Neither does anyone question the need for a training director although a part of the foreman's job is to train his new workers. In the same way, supervisors need the assistance which counseling can offer in the problems which arise from the complex relationships between the worker, his job, his personal situation, his supervisor, and management.

All of the examples of counseling in industry which have been cited in this discussion have concerned girls and women. To a large extent, counselors in industry today are working with women because women represent the big new element in today's employed group. They are the new workers who need help in adjustment to their jobs. But what of counseling after the war? There will always be new entrants into the field of employment—youth taking its first jobs. Immediately after the war many men released from the military forces will go back to work. Many will have received injuries which make their previous employment impossible and will be faced with adjustment to new kinds of work and work surroundings. At the same time they will be adjusting to changed personal situations which may influence their production as workers. Job misfits are no war phenomena; square pegs in round holes result in loss of worker productiveness. The housewife today is learning lessons in economy which will stay with her long after urgent need for practicing them has passed. Industry, too, is having forcibly brought to its attention that it is always costly to lose workers, to have employees absent from the job, or to accept anything less than full capacity of production from each worker. Industrial counseling is showing today that it is possible to work with people on the job and measure results. The service can be sold to industry not only on the basis of its human values, but also in terms of economy and cost.

EMPLOYEE COUNSELING IN THE FEDERAL SERVICE

By Marshall Stalley, Chief, Community Activities Section, Employee Relations Branch, War Department

DURING World War I several of the federal agencies in Washington engaged a few people who were concerned about the "welfare" of employees. The "welfare workers," as they were called, helped employees in financial need by granting small emergency loans; they called on the sick, sponsored flower funds, and conducted activities designed to contribute to the welfare of employees. This development of twenty-five years ago was a forerunner of what is now known as "employee counseling."

World War II finds nearly every major federal agency providing employee counseling services. Today in Washington over 200 people are working full-time as employee counselors. Many government agencies located outside of the Capitol are also providing such services to employees.

The positions in these programs are called "employee counselors." The work engaged in is known variously as "employee relations," "employee services," and "employee counseling."

Employee counseling as a service provided within the personnel offices of federal agencies is still new. The Civil Service Commission issued its first Departmental Circular on the subject as recently as July 10, 1942. This statement was a report of the Committee on Employee Counseling of the Civil Service Commission and outlined the functions of a counseling service as follows:

To deal with any situation represented by an employee or his supervisor which affects or is likely to affect his work productivity.

To provide information as to housing and recreational resources, educational opportunities, budgeting, social agencies, church organi-

zations, nutrition, medical and psychiatric facilities.

To identify the problem of individual employees which need treatment by specialists.

To discuss with employees who seek counsel the nature of their problems and to work out with the employees solutions to their problems.

To counsel employees regarding various problems connected with their work; living and work conditions, health, recreation, education, and other phases of self-development.

To refer employees to local recreational agencies outside the Government and to stimulate self-operating and self-maintaining employee activities within the governmental agencies to meet evident needs.

To keep in constant touch with personnel officers and operating officials regarding recruiting standards, placement problems and the correction of unfavorable operating conditions.

To assist in the development and presentation of orientation, induction and staff development programs.

The Commission's report further indicated several kinds of experience which might be considered as qualifying for employee counseling, providing it involved counseling of individuals in relation to their life situations, including employment.

On October 27, 1943, the Civil Service Commission issued a second Departmental Circular on employee counseling. The statement pointed out that employee counseling programs had expanded considerably since the issuance of the original circular on July 10, 1942, and added:

Employee counseling is still a relatively new activity in the government. A reappraisal of its objectives and methods seems desirable.

Mr. Stalley has been in his present position for a year and a half. Prior to that he was, first, in Washington, D. C., with the Office of Community War Services, and earlier, Secretary of Community Councils of the Pittsburgh Federation of Social Agencies. He is a graduate of the School of Applied Social Sciences of Western Reserve University; was a member of the Subcommittee on Community Organization of the National Membership Committee, 1940-43.

One of Washington's newspaper columnists after reading the circular wondered why the Commission used so much paper to issue such a statement since what it said was common sense and self-evident. So the field of employee counseling began to become of age. And so much for the history of employee counseling in the federal service.

Some of the employee counseling positions in the federal service are held by social workers. I won't say that the appointment of social workers to such positions represents a "trend." I do believe, however, that the employee relations program in the government is an example of social work in new settings. The federal agencies providing employee counseling services are not social agencies, and the settings in which employee counselors operate are not social work settings. Employee counseling in the federal service, however, may be one of those "new frontiers in social work."

There are several specific problems which social workers face in making an effective contribution to the field of employee counseling:

(1) The setting is different. It is the personnel office and not a specialized social agency. The personnel office consists of people who have been concerned about "human relationships" long before employee counseling became one of the activities of personnel administration.

The personnel office is interested in the selection, placement, classification, and training of employees. Personnel administration is essentially a staff service to operating officials for the purpose of gaining and maintaining full utilization of the agency's personnel in the interests of maximum production. Employee counselors as a unit within the personnel office consequently may provide assistance to individual employees only insofar as this contributes to efficiency and production.

To be effective employee counselors must be accepted by others; and they must accept others in the new program. Social workers operating within the personnel office must become a part of the personnel program. They cannot insist that the agency become a specialized social agency.

Psychiatric social workers who come from private agencies having high standards, who insist that a social work setting be provided, and who demand that they be accepted as

professionals, will have difficulty operating effectively as employee counselors within the framework of the federal service. There must be recognition that the new setting is the personnel office, and that the objective is to raise the production of the government's program. It is something a little different from meeting the needs of employees for the sake of meeting those needs.

(2) A second specific problem which social workers face in operating as employee counselors is the "intake." It is unrestricted and available to all supervisors and employees interested in using it. The office of the employee counselor is open to all of the agency's personnel, and in Washington federal agencies run from 500 to 5000 people.

(3) The third problem is the extent of the service provided. It is usually considerably less intensive than that provided by private social work agencies. It is more like what the Travelers' Aid calls "short-term contacts."

Miss Elizabeth Cosgrove in a paper on Social Work in New Settings¹ says that "the counselors occasionally find it difficult to restrain themselves from using all the tools in their kits that they would normally use in a case-work agency with a restricted case load. The unrestricted intake is a cause of frustration to them. Some tend to go more deeply into situations than either the situation or the time warrants."

Individuals requiring more intensive treatment than can be provided within the personnel office, may be referred to social agencies in the community. Employee counselors do not need to attempt to treat all individuals. They will be able to identify specific problems, recognize the need for more specialized social services, and refer individuals to appropriate social agencies.

Admittedly there are problems social workers face as employee counselors. Let us now consider some of the contributions social work can make to the field of employee counseling. The popular conception of social work does not include services such as the adjustment of relationships between employees. Yet the understandings, skills, and techniques of social work are applicable in the field of employee counseling.

Employee counseling is concerned with the strengthening of relationships. As a phase

¹ A paper prepared for presentation at the Cleveland Regional Meeting of the National Conference of Social Work, May 1943, and appearing in the September 1943 issue of *The Social Service Review*.

of personnel administration, counseling may be defined as a deliberate process aimed at the establishment of mutually satisfactory working relationships among the organization's personnel—between management and employees, between supervisors and employees, and between employees themselves.

Social work has an important contribution to make in situations involving human relationships. The stock-in-trade of the social worker is the ability to deal with relationships between people—a skill in dealing with people; knowledge and techniques based on native endowment, professional education and training, and disciplined experience.

The social worker as an employee counselor works to strengthen supervisory relationships. She respects the personality of the supervisor and the employee; she recognizes that employees are people and treats them as individuals. She knows that Mary Jones, an employee of the War Department, is the same Mary Jones who lives in a rooming-house on 16th Street, North West, and comes from Peoria, Illinois. She sees the individual as a whole. She recognizes that the work experience of the employee is an integral part of the total life experience of the individual. She recognizes the effect of living conditions on the attitudes of employees towards their jobs. She accepts people as they are. She helps the individual discover his needs. She helps strengthen his resources—and the resources of the community—to meet these needs.

Many of the activities of employee counselors involve work with groups within the agency and within the community. It is in these areas that the values of group work skills and community organization skills are particularly apparent. Employee counseling services work best where they are understood by supervisors and employees. Quite frequently, there is developed as a part of the employee relations program advisory committees, employee services councils, and groups representing both supervisors and employees. It is in these phases of the employee counseling program where group work skills are needed in dealing effectively with individuals in group relationships.

The war has made evident the close relationship between working conditions in the office or plant, living conditions in the community, and production. Social workers as employee counselors can contribute to increased production by working toward the improvement of working and living conditions. Because of their particular knowledge

of the needs of employees, counselors are in a position to reflect unmet needs to those agencies in the community charged with the responsibility of planning and providing necessary community facilities and social services.

To a considerable extent, employee counselors depend upon the use of community resources in their efforts to bring about satisfactory adjustments to working and living conditions. Programs designed to reduce labor turnover and absences, lower sickness and accident rates, and in general contribute to "employee morale" must be planned in relation to existing or potential community facilities and services.

Fullest utilization needs to be made by employee counselors of community child-care services, recreation facilities, the services of local housing agencies, and of the various public and private social agencies, so that the total resources of the community and the government agencies may be related to each other in providing adequate services to meet human needs.

In conclusion, the performance of employee counseling involves the understandings, the knowledge and skills essential to dealing with individuals. These are the tools and equipment competent social workers possess.

For the most part, social work has been thought of as what goes on in specialized social agency settings. Historically, social work grew out of the problems of the disadvantaged and underprivileged. One of the things the war has done to social work is to move it out of the usual social agency settings, into new settings. The personnel office is one of these new settings.

Today social work is in transition from being what specialized social agencies do, to becoming services provided by practicing social workers, whatever their settings. Human needs do not differ from one setting to another. Although practices vary between settings, principles of human relationships remain the same.

Employee counseling programs in the federal service constitute an interesting example of social work in new settings, and a challenge to social work. Employee counseling, however, is not an opportunity for social workers, but rather an opportunity for the rendering of social services. The challenge of social work is not to seek opportunities for social workers, but rather for the performances of social services.

SOCIAL WORK IN THE IMMIGRATION AND NATURALIZATION SERVICE

By Earl G. Harrison, Commissioner, Immigration and Naturalization Service, Department of Justice

AS one who has worked closely with social service organizations both in and out of government, I cannot help marvelling at two outstanding developments that have taken place in the social service field during the past decade. One of them has been a definite awareness on the part of the public of the useful role that social workers play in the life of the community. The social worker finally seems to have emerged from an atmosphere somewhat grim and foggy with public antipathy and to have established himself as one who has a real place in the world of today by virtue of his training and understanding in dealing with human lives. It is true that the recognition has not been complete; in some quarters there is still some resentment toward social work activities, some reluctance to admit that the trained social worker can frequently be much more helpful than all the good intentions of a half dozen people who haven't had the benefit of his education and experience. But, on the whole, the social worker is generally regarded in a more favorable light than ever before.

The second development that has struck me as particularly outstanding is the firmer relationship that has grown between social agencies and agencies of the government. That, too, represents a breakdown of barriers, a growing realization on the part of social workers and government officials alike that their activities and interests often complement each other. With the possible exception of a few die-hards, no one can deny that the cooperation between the two has brought

Social workers throughout the country got to know Mr. Harrison very well when, in 1940, he became Director of Alien Registration, organizing and conducting the program for registration of non-citizens and working closely with social work on that program. In January 1941 Mr. Harrison was appointed Special Assistant to the Attorney General to advise on alien matters, and later supervised the program for issuance of Certificates of Identification for German, Italian and Japanese alien enemies. He has been in his present position since July 1942.

about results which could never have been achieved had one group continued to work independently of the other. When I recall with what mutual suspicion private and government agencies once tended to regard each other, I feel it is no exaggeration to say that their improved relationship is a real triumph for both sides as well as a triumph for society in general.

Certainly, we in the Immigration and Naturalization Service have already reaped great benefits from it. I was delighted to hear it said at a recent meeting I attended that a certain lawyer, who is also an officer of a private agency engaged in service to the foreign-born, could not quite become accustomed to working with the Immigration and Naturalization Service instead of fighting with it. This revised attitude, so well suggested by the lawyer, has a history

that dates back to the very beginnings of the Immigration and Naturalization Service.

It is worth noting that private welfare agencies were working in the field of the foreign-born even before there was any federal agency organized to deal with immigration or naturalization matters. Their contributions to the problems of the foreign-born date back more than a century. For many years they were the staunchest defenders of the immigrant. They gave a helping hand to thousands of foreigners bewildered by their new environment and the requirements of our social and industrial order. In a period when millions of immigrants were pouring in through Ellis Island and Boston Harbor, the private agencies, with practically no pub-

lic support, did their utmost to make the newcomer feel he was welcome.

We were rapidly expanding our industries then, and there was a general tendency throughout the country to look upon foreign-born workers as commodities rather than human beings. By their humanitarian attitude and activities social agencies did a great deal to make us conscious of the callousness in this point of view. They concerned themselves with the immigrant's health and housing conditions. They set up settlement houses for his children. To a large degree they were pioneers in the field of Americanization. They spread the doctrine of democracy among immigrants who had never known democracy first hand, and helped to establish classes where the immigrant might learn English and American history.

They advised the immigrant on how he could achieve United States citizenship, and interpreted for him the laws and regulations that applied to him and his family. They assisted the immigrant in adjusting his status as a resident of this country. In the years when there were waves of strict and technical enforcement of the deportation statutes, they brought thousands of hardship cases to the attention of immigration officials and were thus able to avert many a family tragedy among the foreign-born. Indeed, the social worker's persistence in looking after the interests of the immigrant undoubtedly helped to pave the way for the subsequent legislation of discretionary powers which have made our immigration laws less rigid, more humane, and, consequently, stronger.

Today the private agency working in the field of the foreign-born has the advantage of far more public support than it had in earlier years. Its efforts and successes in its nonpartisan fight for humanitarian principles have been widely recognized by both the general public and by our legislators. Congressmen and other government officials, respecting their intimate and first-hand knowledge of the foreign-born, listen closely to their opinions of proposed bills dealing with immigration, naturalization or related subjects. The truth has finally dawned on many of us that a social worker's personal experience with a city block that is inhabited largely by immigrants and their children can go a long way in helping to analyze the problems of the same people the country over.

From the point of view of the Immigration and Naturalization Service, one of the most remarkable services social and community

agencies rendered the government was during the Alien Registration Program of 1940. As director of that program, I had the pleasure of observing firsthand the close and efficient cooperation that was effected between our office and the Post Office Department and the various social agencies concerned with the welfare of non-citizens. Perhaps the best account of the assistance we received was stated in the interim report of the Alien Registration Division that was submitted to the Department of Justice shortly after the registration period:

It was our opinion that such agencies could help tremendously in the dissemination of information about the program; that they could prevent confusion, fears and misinterpretations of the laws; that they could help many aliens with the actual registration, and they could prevent exploitation of many non-citizens by racketeers. It seemed only logical to turn to these agencies for community leadership because many of them had, for years, been working with and for the foreign-born of this country. It is pleasing to report that our opinion was well-founded. Hundreds of thousands of aliens were helped by those community and social agencies that cooperated with us, and the entire program was made easier and smoother through this cooperation.

The participation of these agencies in the alien registration program is even more commendable when it is recalled that a number of them had for years opposed alien registration measures. Once the Alien Registration Act became law in 1940, all agencies supported it wholeheartedly. Thanks to their assistance, the alien registration program made a favorable impression on all sections of the population. Accomplished with a minimum of embarrassment to those involved, it actually helped bring about a better understanding between citizens and non-citizens.

Social and community agencies again came to the assistance of the Department of Justice in February 1942 when Certificates of Identification had to be issued to nearly a million aliens of enemy nationalities. In the few weeks we had to conduct that program, the agencies did a magnificent job in helping us to disseminate information about its requirements and in assuring the alien that the program was as much for his protection as it was for the protection of the nation.

Following our entrance into the war, the Immigration and Naturalization Service was one of the government agencies that found it more and more necessary to enlist the aid of social and community agencies. This has been particularly true in connection with our alien enemy internment program. Scores of problems arise whenever an individual is

apprehended or ordered interned for the duration of the war. Plans need to be made for the family left behind. Internment of a father may often leave a family without any means of support and in need of assistance. Internment of a mother who has small children frequently presents special problems. Some families have considerable difficulty adjusting themselves to their sudden change of circumstances, and have no one to turn to for help or understanding. All such problems require the skillful attention that social workers are so well equipped to provide; many of them are solved in conjunction with the Federal Security Agency.

It is probably no news to readers of this magazine that the Immigration and Naturalization Service has the custody of all aliens who are ordered interned for the duration by the Attorney General. Among the camps it operates are two for the internment of family groups, one at Crystal City, Texas, and the other at Seagoville, Texas. We had two reasons for establishing such camps. One was to alleviate some of the many tragic situations which arose over the internment of heads of families. The other reason was based on the hope that enemy countries would give reciprocal treatment to our own nationals. In this connection it is interesting to note that, following the establishment of the camp at Crystal City, formal notice was received through the International Red Cross that Germany was adopting a similar program for American internees.

About a year ago Miss Evelyn Hersey, whose wide experience among the foreign-born is well known, joined the staff of the Immigration and Naturalization Service as Assistant to the Commissioner. One of the chief aspects of her job is to act as an intermediary between the Service and the agencies that are assisting us with our alien enemy interment program, particularly with that phase of it which relates to the internment of families. At her request, private and welfare agencies in many communities have been providing us with first-hand information about the families who have applied for internment, so that we might give intelligent consideration to their applications. Owing to our limited family camp facilities, the majority of the applications we receive must necessarily be turned down. Nevertheless, the thorough investigation reports sent to us by social workers serve as indispensable guides both in selecting the hardship cases that require the promptest attention and in determining what course of action, if any, should

be followed with respect to applications that are rejected.

A new phase of the internment program is rapidly developing as the Department of Justice finds it more and more feasible to release certain internees, particularly those of Italian nationality, and place them under parole under the supervision of the Immigration and Naturalization Service. Here again private and community agencies can render an important service in helping the alien become established in the community once more. The problem is not a simple one and becomes even more complicated when the parolee has a family. The experience we have already had with some of these cases indicates that in some instances it is advisable to re-establish the family in a new community so that it may lead as normal a life as possible without being stigmatized socially. Such work will naturally take on larger proportions when the war is ended and the released aliens who remain in the United States try to start life anew. Many of them will undoubtedly need the assistance of private and community agencies in resuming their life in the community.

While I have mentioned some of the specific tasks that have required the cooperation of social agencies with the Immigration and Naturalization Service, I have not discussed one of the most important tasks that confronts all of us who are interested in the future of our nation: I mean the job of helping our foreign-born and their children become more closely integrated in our community life. In spite of the fact that immigration has practically come to a standstill and our non-citizen population is rapidly decreasing, that task still comes under the head of unfinished business. In choking off the flow of immigration in the twenties we solved a physical problem, for we were getting new people faster than we could take care of them. But that was as far as our solution went. We did not adjust our social and economic system in accordance with our enlarged population, nor did we accomplish a great deal in the education and adjustment of our huge foreign-born group, despite the valiant efforts of many social workers.

Social agencies have been among the first to realize that our obligation to the immigrants and to ourselves did not cease with the passage of laws barring further heavy immigration. Contrary to the expectations of those who prefer the comfort of fancy to the coldness of facts, the passage of time has not

erased the problem. Like Topsy, it has grown, manifesting itself in the numerous maladjustments that exist among the foreign-born and their children. There has been an unfortunate assumption that the problems of children of foreign-born are entirely divorced from those of their parents. That, of course, is fallacious thinking.

To the extent that we fail to help the foreign-born parent become an integral part of the American scene, we shall, in effect, mar the Americanization of the children. If we do not make it possible for the older generation to achieve a reasonable degree of social equality and economic security, we may as well prepare ourselves for repercussions from the children.

This task is one that extends to naturalized citizens as well as aliens, and requires the understanding of the whole population. We in the Immigration and Naturalization Service are doing what we can to promote Americanization of the foreign-born but because of the nature of our agency we are necessarily compelled to restrict our activities to the non-citizen group. Through our educational department we are encouraging the establishment and continuation of citizenship classes, and preparing textbook materials for them. Our home study course, which is designed to bring citizenship training to aliens who are unable to attend classes or who live in isolated sections of the country where there are no citizenship classes, is being adopted as a regular part of the correspondence courses of many state universities and made available free of charge.

In addition, we are publishing a bulletin, "The Monthly Review", edited by Marian Schibsby, whose work for many years as editor of the "Interpreter Releases" has made her an authority in matters relating to the foreign-

born. The bulletin is intended to be helpful in connection with the work of assisting non-citizens to become naturalized and helping them become better adjusted to the American way of life. Incidentally, several hundred social agencies have already subscribed to "The Monthly Review", and we hope that more agencies will find it useful as it becomes better known.

Last but not least, we have been making a concerted drive in a number of cities to catch up on naturalization petitions that have long been pending, and I am happy to report that unusual progress is being made. We expect that the total number of new citizens this year will exceed that of any previous year.

Ten years ago the name of our agency was changed from Bureau to Service. I think it can be fairly said that social and community agencies have seen an increasing effort on our part to justify the new name. But whatever progress has been made is in no small measure due to the example and leadership shown by many private social welfare agencies the country over.

Those of us interested in our foreign-born population would like to see their leadership extended to the point where the problems of our newest Americans will be given the broad and careful planning and attention they need. In this war, the foreign-born and their children have again shown by their devotion and loyalty to our nation that they are deserving of all the consideration we can give them. If we can help them get the same kind of democratic treatment we ourselves are accustomed to receiving, if we can help eradicate the narrow prejudices that exist in certain sections of our population, we shall be doing a great service to them and, most of all, to ourselves.

William Hodson Memorial Fund

A group of friends have established a memorial fund for William Hodson who, as readers of THE COMPASS know, was killed in an airplane crash in South America while on his way to help organize relief work in North Africa. The fund has been set up at the University of Minnesota, his alma mater, "to perpetuate his name and to help carry on his work." It will be used "to provide an annual lectureship by some distin-

guished leader in social work or welfare administration, and one or more fellowships for students in the field." Substantial initial contributions have already been received, and more are needed to meet the goal of \$25,000. Further information may be obtained from William Anderson, Professor and Chairman, Department of Political Science, University of Minnesota. Checks should be made payable to the University of Minnesota, designated for the William Hodson Memorial Fund and mailed to the Bursar, University of Minnesota, Minneapolis 14, Minnesota.

SOCIAL WORK COMPONENTS IN A HOSPITAL RECREATION PROGRAM

By Pauline I. McCready, Recreation Consultant, Military & Naval Welfare Service, Eastern Area, American Red Cross

BECAUSE hospital recreation is receiving so much emphasis during the present war, many people believe that it is something new. Hospital recreation has never been emphasized nor recognized, but it cannot be called new in the sense that it was entirely unknown until the present war. Since World War I such a program has been operating in military and naval hospitals under the direction of the American Red Cross; in Veteran's Facilities, under the direction of the federal government, although for some years the Red Cross was responsible for it; and in certain civilian hospitals. With few exceptions, these programs were very limited.

World War II brought a tremendous expansion of hospital service in the Army and Navy, and with it, the development of new meaning to hospital recreation.

As a group worker I have been interested to analyze my experience as a member of the American Red Cross staff working with recreation in Army and Navy hospitals, to consider the contribution of group work to hospital recreation. This article is written in the belief that hospital recreation will carry over to civilian hospitals after the war. It attempts to relate the work as it has been found in the military and naval hospitals to civilian hospitals and the post-war period, for which we should be planning now.

Social case work and social group work have developed slowly, emerging as a result of shown needs, but in their growth they had time to develop thoughtfully. Hospital recreation came as the result of shown needs,

but so dramatically and so swiftly that there has been no time to sit down and think about it quietly. Those of us working with it have had to think on our feet, as it were, and get the job done the best way possible. Standards have been set up although it has not always been possible to keep to them, a natural result of great and rapid expansion taking place during this war period. The philosophy and objectives are based on findings that have been apparent in the work. There is much more that will emerge as the field is studied more, and it should be recognized that only now is there beginning to be time to make certain studies and do some controlled experimentation.

The primary purpose of hospital recreation is as an adjunct to medical care, to help speed the recovery of the patient. It is recog-

nized that recovery from illness or injury is retarded if the individual is worried, unhappy, and at a low ebb mentally. The individual's body, mind, and emotions cannot be treated as separate entities; he must be treated as a whole person.

If we examine hospital recreation carefully we find it encompasses no one professional field, but several. These are: *social group work; recreation; education*. We might say that hospital recreation is social group work, since social group work has in it recreation and education. In fact the AASGW puts out a periodical which is entitled *The Group-in Recreation, Education, and Social Work*. But hospital recreation is not entirely group work. Group work emerged, as did case work, because of the concern of thoughtful people for the welfare of their fellowmen. The

Miss McCready is the first Recreation Consultant for Hospital Service ever employed by the Red Cross. Having taken a year of work at the New York School of Social Work previously, she was continuing her training, majoring in group work, when the Red Cross asked her to take this position. She has been working on this program since January 1942, having considerable experience in both case work and group work behind her.

basic thought behind social group work was, and continues to be, that the individual cannot be looked at as an entity apart from his group relationships in the family, neighborhood, school, work. Therefore, if he cannot function successfully with other people, social group work offers the opportunity of learning how to do this through the actual experience of taking part in group activities guided by a skilled leader. There are many other implications of social group work, of course, but this one is basic and serves our purpose without going into the others.

There is also much discussion as to whether group work is a movement or a method. I have no intention of going into that here, except to say that in hospital recreation we use social group work as a method. We recognize the fact that, to effect the most speedy recovery, a patient must have a healthy, normal outlook. He must want to re-enter the normal way of living, that is, with a group. Hospital recreation is planned around groups—large, medium, and small; there must be individual work, but it is invariably true that individual work is pointed toward getting the patient to become interested in and a part of a group.

The profession of recreation comes in at this point. Recreation is the tool we use to achieve the purpose of hospital recreation. Recreation in its broadest sense is play. According to Mason and Mitchell,¹ "The recreation theory is based on the sound principle that a certain amount of rest and sleep are necessary, but beyond that a change to an active and interesting occupation is more restful than complete idleness." This occupation or activity can be anything: reading, games, music, crafts, dramatics; but it is done because the individual wants to do it. If it is forced on him, if he doesn't feel that it is *his* choice, then it ceases to be recreation and the value is lost. To stimulate a person's interest in an activity to the point where he joins in it believing that it was his idea all the time, requires the most sensitive, discerning, and careful leadership. There are of course many theories of recreation. The theory that the activity in which an individual engages freely and happily is relaxing and interesting, and will help him return to his normal pursuits refreshed in mind and body is the one on which I believe hospital recreation should rest.

The third field which has a place in hospital recreation is education. This does not

mean education as we think of it in relation to the teaching process. To describe the use of education in hospital recreation, I would like to quote Slavson in his *Character Education in a Democracy*:

Character education (and nearly all good education) occurs in a group. Whether we seek to impart information, to teach skills, to develop personality, or to train character, we do so largely in groups. The family, the class room, the gang, the club, a mass meeting, are examples. Here the group itself is the education instrumentality. In group education the interaction of personalities, emotional conflicts and harmonies, mutual identifications, and learning to live together through realistic and actual experiences constitute, among other, the educational situations; thus the members of the group itself are the pupils, the educators, and the educational material functioning in an active relationship.

Having taken from these professions those concepts that are usable in hospital recreation, what further is required? First, recognition of the fact that it must be adapted to a hospital setting, to people who are ill physically or mentally. Sick people are not normal. When you and I are ill we do not behave as we ordinarily do. We may be discouraged, worried, unhappy, and our actions reflect it. Furthermore, we may feel differently if we have the measles from the way we do if we break a leg.

If we were to define hospital recreation I think we might say that recreation is used as a tool of social group work to re-educate the patient in normal, healthy pursuits in order that he may effect a speedier mental and physical recovery, thereby able to return to his way of living as a happy, well-adjusted, democratically functioning member of society.

It has been surprising to many people to find that the actual activities in the hospital recreation program are so varied. We find every activity that can be found in any well rounded recreation program: music, dramatics, arts and crafts, games of all kinds, ranging from quiet table games to such active games as baseball, movies, entertainments, parties, talent shows, and hobby groups of all kinds. Naturally, limitations of several kinds are apparent and the activities themselves must be adapted to those limitations. All recreation programs in a hospital must have the approval of the medical staff, and the doctor guides the worker in the selection of activities that will not be harmful to the patient.

The first limitation is the physical condition of the patient. A cardiac patient would not be able to play an active game, nor would it be wise to play exciting music on his ward.

¹ *The Theory of Play*. Mason and Mitchell. A. & S. Barnes, 1941.

A neuropsychiatric patient could not be shown an exciting moving picture and the crafts with which he works must be carefully selected so that no tools are used with which he might cause damage to himself or others. An orthopedic patient could not take part in active games.

The emotional implications of the illness must also be taken into account. This is of concern in relation to leadership even more than in actual program planning. For instance, a patient who is suffering from a venereal disease may be withdrawn or truculent, or perhaps actually antagonistic. The worker must have an understanding of why the patient has these attitudes if she is to work effectively with him. Different illnesses seem to have different emotional components that must be understood by the worker.

The realization that a sick person is not his normal self, and that reactions are quite different in many cases from what they would be if he were well requires careful planning of his activities. They must be varied. The attention span of a sick person is shorter than that of a well person. He tires easily, both physically and mentally, according to the degree of his illness. Therefore, activities must be planned which give him the opportunity to choose and which take into consideration the thought that they can be terminated at almost any given point.

Another limitation is imposed by the physical setting of a hospital. Ward work must be very carefully planned, keeping in mind, among other things, that on a given day there may be a person on the ward who is quite ill, to whom any noise would be disturbing. Activities which create confusion or are apt to be dirty must be kept at a minimum. Few civilian hospitals have recreation rooms, but in the hospitals which do have them (almost every military hospital has a recreation hall), the ambulatory patients can go there to a program which is much less restricted than that in wards.

As in any other group setting, a hospital recreation program cannot be planned by the workers and imposed upon the patients. To be effective, it must stem from joint planning of patients and worker, with the worker acting as the indirect leader. The worker must be an extremely skilled person because, aside from the many other considerations involved, it is usually more difficult to interest the sick than the well person.

The relationships between the recreation worker, the medical or psychiatric social

worker, and the medical staff are tremendously important. The case work and recreation programs must be thoroughly integrated. Neither the case worker nor the recreation worker is able to do the job alone; one has to complement the other. The program must be built on mutual understanding and respect for the position of the other. Many patients need the services of both a case worker and a recreation worker; however, there will be many instances where patients need the services of only a case worker or only a recreation worker, although the latter is a very much larger number. In order to render the most effective service for the patients who need both services, both workers with their respective skills should work together.

In meeting the needs of the patient the case worker and the recreation worker use different tools. The primary tool of the case worker is, of course, the interview. The recreation worker focuses on the fact that the individual must be able to function in a manner acceptable to society, which means, in a group. Her tool is to help him to do this through the actual experience of being part of a group, which he will obtain by engaging in some purposeful activity.

In a hospital, we find a third service, the medical, which is actually the primary one in this setting. Here it is the coordination of three services which helps the patient—medical treatment, case work and recreation. After the doctors have recognized certain symptoms and prescribed treatment, they may consider that the patient needs only medical treatment. They may not recognize the need for recreation nor may they know what services recreation workers have to offer. As doctors become aware of what the recreation workers do have to offer and how they function, they too are used more and more. By planning jointly, the doctor with his specialized skill, the case worker with her skill, and the recreation worker contributing from her knowledge and skills, recovery can be speeded and the patient returned to society a better adjusted and happier individual.

The patient may come to the recreation worker's attention in a number of ways. It may be the doctor who makes the initial referral. He may find a patient who he feels needs to be interested in something; the patient may have become moody, withdrawn from the group. The doctor may or may not know the reasons for this seemingly a-social behavior. Perhaps he feels that the patient could benefit by having the recreation worker talk with him and try to interest him in some

activity; perhaps he thinks the patient needs the services of a case worker. But if he believes the problem is not deep-seated, the first referral may be to a recreation worker. The case worker in the same ward may or may not know the patient, but she too should be made aware of the plan to be followed.

An incident is recalled¹ in which a ward doctor called a recreation worker the night before Christmas to discuss a patient's problem with her. The patient was losing his eyesight. He had become despondent and on the preceding night had attempted suicide. The attempt was feeble, but indicated how serious the situation was. The doctor had noted that the patient, who had been in the hospital only a few days, made no attempt to be friendly to others on the ward; he seemed to have no interests. The doctor felt if someone could find out what his interests were, the patient would feel more free and could bring himself to discuss his situation. The recreation worker went to his ward, and after a short time found he was interested in music. He could play no instrument himself, but liked to listen to what he termed "good music". He had missed this type of music since coming in the Army. The other patients on the ward seemed to like only "swing bands". He felt he did not know any of the boys well enough to ask them to change a program. He had a record player and records at home, but did not want to ask his family to deprive themselves of this pleasure by sending the machine to him. He would have liked to buy either a radio or record player, but did not have the money. The recreation worker advised the patient that there were such records at the recreation hall, and invited him to come over. Since it was getting late, he said he could not see well enough to walk there at night. The worker then offered to bring over the machine. The patient's face brightened, and he seemed very much pleased. The worker got the machine and played records for him for almost an hour. Some of the other patients came over to listen, and a general discussion followed in which the patient participated. The next morning the worker went back to the ward, and the patient returned to the recreation hall with her. When he saw the large groups of patients in the building, both in the recreation hall and lounge, he seemed afraid. The worker asked if he would like to go to a quieter place to listen to records, and he was taken to one of the guest rooms where he played records over and over most of the

afternoon. While he was changing the records at one time he fingered the various gadgets, and asked questions about the machine. The worker explained this was a record maker also, and wondered if he would like to make a record. He hesitated at first, then said he would. Before the day was over he had made three records, one for his mother, one for his wife, and one for a favorite brother, whom he had not seen in years. As he was leaving, he paused at the door of the recreation hall to watch the program. While he did not stay long, he seemed to enjoy watching the program, and commented that several patients from his ward were there. The case worker for that ward came by, and was introduced to him. The patient commented he had seen her on the ward. He wished them a "Merry Christmas" as he left.

The next morning a joint conference was held, including the doctor, recreation worker and case worker. The doctor explained that the patient was losing his eyesight rapidly, and would receive a Certificate of Disability Discharge from the Army. From what the recreation worker had gathered, the family was in straitened circumstances, and the patient had shown anxiety about returning to the community. The recreation worker and case worker continued to see the patient, and before he left the hospital he was much more outgoing, participated in activities in the ward and recreation hall. The case worker was able to obtain a great deal of information, both from the patient and the doctor, and this was helpful in making contact with an agency in his community. He was assured of an opportunity to learn Braille, and at the time he left the hospital two weeks later could hardly be recognized as the same person who was first seen.

Another case came through the psychiatrist to the case worker. The patient was on the observation ward. He complained of pains in his right arm and soon lost the use of it completely. The examination revealed no physical basis for the trouble. The patient was loud and demanding on the ward. When he came to the recreation hall the same behavior was shown. He was aggressive, abusive and intolerant. He turned on the radio quite loud when others wanted to read, and barged in and out of offices. The case worker had a number of conferences with him. She found he had lied about his age to get into the Army, principally to escape from a very unhappy family situation. He had never told anyone else that before. The recreation worker was brought into the situa-

¹ Cases cited are from Army hospitals; the workers are Red Cross workers.

tion, and the case explained to her. The doctor asked that a course of action be planned so that he could determine the diagnosis, a tentative diagnosis of "hysteria" having been made. The recreation worker found that in the past he had played several musical instruments, but could not now due to the condition of his arm. He was encouraged to handle the musical instruments in the recreation hall. Soon after that a patient show was being planned. He became very much interested in it, and was invited to come to all the rehearsals. Shortly before the show was given, he suggested to the worker that maybe he could take part and represent his ward. He was given encouragement, and on the night of the performance he played the accordion, with apparently no discomfort. For some time he did not complain of the arm, and used it regularly. He became quieter and more relaxed in manner; this in turn made him more acceptable to the group. It was interesting that at another time when he became upset over the delay in being assigned to an outfit (his had moved out while he was in the hospital) he again lost the use of the arm temporarily.

In both of the cases cited above we see the doctor, case worker and recreation worker all playing very important roles in planning with the patient. No one of these persons, no matter how skilled in his profession, could have achieved the results that came from the knowledge and use of the skills of all three.

In another situation it may be the recreation worker who first recognizes the need for joint planning. Recently, a recreation worker on a neuropsychiatric ward told of a patient with whom she had been working. She found that he was interested in drawing. While showing the recreation worker the completed drawings one morning, the worker asked the patient what the drawings represented. Without a moment's hesitation he said the first was a tree. When the worker asked what kind, the patient said, "Well—the trunk could be that of an oak, or it could be maple. The leaves could be oak leaves or they could be maple or maybe cypress. The bloom could be magnolia or dogwood. I'm not sure. It's all mixed up, just like I am."

The next picture seemed to be a bird. The worker took a chance and said "I believe this is a bird." The patient smiled and said, "Yes, it is a bird, but I'm not sure what kind. The body could be a swallow or a thrush. The head could be a redbird or a jay, I'm not sure. It's mixed up too, just like I am."

The worker took these pictures to the ward doctor explaining what the patient had said. The doctor was very much interested, saying the patient would talk to no one. He asked the recreation worker to encourage the patient to talk with either the case worker or him. The patient seemed afraid of everyone except the recreation worker. Several days later while the patient was talking of his confusion while drawing, the recreation worker asked him if he would like to talk with someone who might be able to help him. First he agreed to it, but then refused. Several days later, however, when he had seen the case worker talking with others on the ward, he was able to talk with her and the three were able to begin a course of action to help the doctor in determining diagnosis.

Training of recreation workers for hospital service is an important consideration. I believe that this training should be given by social work schools. A hospital recreation worker must have knowledge of the dynamics of human behavior, of the individual in and apart from the group. She must know the physical elements of disease and the emotional components as well. She should know the techniques of group leadership, and how to work with and train volunteers. She must know program and have skills that she is able to adapt to the hospital setting as well as to fit them to individual needs and capacities. She should be able to work with individuals as well as with groups of all sizes. It is important for a hospital recreation worker to know enough about social case work to know when referrals to the case work staff should be made and how the case work staff can be best used.

We can expect that hospital recreation will be an important service needed in civilian hospitals after the war. Many Army and Navy doctors will return to civilian practice and, having seen the effectiveness of recreation for patients, will want the same service in civilian hospitals. If this need is to be met and the social work profession wants to maintain standards, then it is important that training be established by the social work schools throughout the land. Some of the schools have been experimenting with short courses but at this point they should also be thinking in terms of including hospital recreation in the regular curriculum.

Volunteer training is something else that should be considered. Today there are thousands of women in the United States who are working as volunteers in Army and Navy

hospitals. They are doing an excellent job, but certainly are more effective when they are given specialized training in the hospitals. After the war it is possible that a good many of them will want to continue their volunteer activities in civilian hospitals, and toward this end professional people should be thinking today as to how they can be best used and the sort of training that will be the most effective.

Many questions have been asked regarding the relationship of hospital recreation to occupational therapy. This has been discussed at great length by both groups. Perhaps I am dodging the issue, but it seems to me that there is no real reason for question at this time if we remember that hospital recreation is just that, and that occupational therapy is done on a medically and individually prescribed basis. To be sure, the emphasis of occupational therapy seems to be changing somewhat to include recreation. However, I believe that occupational therapists are not equipped to do recreation any more than a recreation worker is equipped to do occupational therapy. The training for these services is entirely different, as are the objectives. Until such time, and I doubt if it comes, as occupational therapists receive such training as I have described in this article for hospital recreation workers, there should be no difficulty in defining services. There is great need, and certainly room, for both. Hospital recreation workers are not interested in doing occupational therapy, and I doubt very much if occupational therapists want to do hospital recreation. If each group recognizes the function of the other, realizes that at times there is only a fine line between them, and that both are necessary in a hospital, then I see no reason why there should be any conflict or question.

There is, of course, much that we do not yet know about hospital recreation. We are aware of many things that should be determined and some of them are as follows:

1. Although we know, by and large, the kinds of program activities that can be carried on successfully, a study should be made to determine:

The psychological, emotional, and physical reactions to each type of illness or injury. The kind of recreation program that is most beneficial for different types of illness or injury.

2. Recording has been attempted, but in few situations. Various kinds of recording should be started to determine:

What kind of recording is most valuable.

Whether a running record should be kept of individual patients referred to the recreation worker. If so, should it be a part of the case work record, the medical record, or both?

3. Controlled experimentation should be attempted to determine the difference in the speed of recovery when a sound recreation program is available.

4. There should be a study of the kinds of referrals that are being made:

From doctor to case worker.

From doctor to recreation worker.

From case worker to recreation worker

From recreation worker to case worker.

We need to know whether referrals could be handled more effectively, and if so, how.

5. Volunteers must be considered. Thousands of women are now working in hospitals. What will happen to them after the war? Will they be accepted in civilian hospitals as volunteers? If so, will they need special training that we should be giving them now, not only to fit them for the present job, but for the future as well? Remember that volunteers are playing a more and more important part in the thinking and planning of social workers.

6. We need to survey the recreation workers in the field to determine what percentages are going back to their peace time professions after the war, and how many are going to continue in hospital recreation. This will help to determine the need for professional training, and will help civilian agencies in making post war plans.

7. If the social work profession is interested in retaining hospital recreation, it should begin to set standards for hospital recreation workers, start courses in schools, begin action for establishing advisory committees, and insist upon adequate supervision by trained people with group work and recreation backgrounds.

8. State and national conferences of social work should recognize hospital recreation and provide a place for it in their programs.

These facts, and many more, must be determined or experimented with on a controlled basis. Certainly we have only begun to tap the possibilities of hospital recreation. We will determine much more before this war is over, and then I believe hospital recreation will take its place in civilian hospitals where experimentation will continue and development proceed.

THE WAR RELOCATION AUTHORITY'S PROGRAM OF RESETTLEMENT OF THE JAPANESE

By Prudence Ross, Relocation Officer, Chicago Office, War Relocation Authority

THE story of the evacuation of approximately 116,000 persons of Japanese ancestry, 70,000 of whom are American citizens, from the West Coast of the continental United States during the months immediately following the Japanese attack on Pearl Harbor is fairly well known and will not be repeated here. It should be borne in mind, however, that this evacuation meant that over 100,000 people were suddenly required to leave their homes, furniture, businesses, farms, offices, friends and associations of all kinds, for an indeterminate period. Thus the war effort has cost this group of Americans far more than it has cost those of us who only pay taxes, buy bonds or sacrifice some of the minor luxuries which we enjoy. Bear in mind also that these people are accused of no crime or misdemeanor and that, quietly and for the most part uncomplainingly, they went from independence to dependence and enforced restriction.

Considerable information concerning the administration of the Relocation Centers in which the evacuees were placed has been published,¹ and the administration of the War Relocation Authority has been the subject of discussion and investigation by numerous groups and committees, both governmental and unofficial. Very little, however, has been written concerning the resettlement of evacuees outside the centers although that has always been one of the primary objectives of the War Relocation Authority.

¹ See November 1943 COMPASS for discussion of a War Relocation Authority Community.

I am convinced from having spent several weeks in a relocation center myself that the evacuees in the centers are neither pampered nor abused physically. But I am also convinced that the centers are not good places for people to live and that the life is not a good way of life and is especially bad for children and young people.

In the centers everyone lives in barracks, one room (approximately 20 x 20) is assigned to each family or to two small related family units with communal sanitary facilities and mess halls provided for a group of several barracks. The food is plain and generally adequate, but not always appetizing. Each center has its own hospital, school system, fire department, police department, post office, commissaries and recreational facilities, all largely staffed by evacuees.

For their full times services which are voluntary, not required, each evacuee is paid in addition to his maintenance, \$12.00, \$16.00 or \$19.00 a month, plus a small clothing allowance. There is a measure of self-government through elected councils and appointed "block managers", but since the evacuees are restricted to the centers and since the centers are in remote or desert places, far from other communities, the life is isolated and unnatural.

At the time the evacuees were transferred by the Army to the care of the War Relocation Authority and placed in relocation centers, there was no thought that their stay in the centers would be permanent. In the difficult early days of the occupation of the centers, all efforts of the staff were of necessity

Miss Ross went to the War Relocation Authority in January 1943 when its Chicago area field office was opened, coming from the headquarters office of the Illinois Public Aid Commission. She had previously been county administrator and later district representative (for Northern Illinois) for the predecessor of the IPAC—the Illinois Emergency Relief Commission. Miss Ross has been active in AASW affairs since the organization of the Illinois Chapter, was chairman of that chapter in 1939-40 and is now on the Chicago Chapter Executive Committee.

directed toward making the centers habitable and creating the various community services. Thus, for sometime, the possibility of resettlement of evacuees outside the centers could be given little attention, although never lost sight of as an objective. During the summer and fall of 1942 various church and social agencies and individuals interested themselves in the plight of the 70,000 American citizens confined in the centers. With some cooperation from the War Relocation Authority national staff which was small and heavily burdened, church groups such as the American Friends Service Committee, the Church Federation and the Brethren Church, and other interested organizations including the Young Women's Christian Association and Young Men's Christian Association, organized Relocation Committees in various areas.

The Chicago Advisory Committee for Evacuees began to function in July 1942, and was organized from a group of interested individuals originally called together for this purpose by the American Friends Service Committee. The Advisory Committee was visited during the summer of 1942 by the director of the Division of Employment of the War Relocation Authority, by the executive secretary of the Church Federation Committee on Resettlement, by a member of the national staff of the Young Women's Christian Association and by others interested in the future of Americans of Japanese ancestry in this country. Thus Chicago was one of the first cities to make plans for the reception and integration of evacuees in the community, and the first of the War Relocation Authority's Relocation Offices east of the Mississippi was opened there early in January, 1943.

In October 1942, the War Relocation Authority issued "Leave Regulations" which had been formulated to provide for the release from the centers of evacuees of unquestioned loyalty to the United States. These regulations provided for careful investigation and review of the record of each person applying for leave. The individual's activities in the center and prior to evacuation were recorded and reviewed, his name was checked through the files of federal security agencies, and approval or disapproval of his application was based upon this comprehensive investigation.

The original leave procedure, which has since been somewhat modified and greatly expedited, at first functioned very slowly. Many evacuees who had been eager for release became discouraged before their leaves were

granted and adapted themselves more completely to life in the centers.

For some time now, the "leave clearance" procedure has been moving quickly and the applications of thousands of evacuees have been approved. But other less tangible factors are now retarding resettlement away from the centers. Many evacuees who would have been permitted to leave have not done so and are making no plans for leaving. The early "drive" of most young and middle-aged residents of the centers for freedom at all costs has slackened, their fear of insecurity and race prejudice has increased; loss of touch with normal life and lowering of morale due to dependency and the shock of evacuation have become the chief obstacles to resettlement.

Relocation offices have now been established to serve all areas outside of California, parts of Washington, Oregon and Arizona (from which persons of Japanese ancestry are still excluded as a military measure). It is the responsibility of the staff of these offices to explore their various areas for resettlement opportunities. The relocation staff makes contacts in new communities with individuals and groups, learning the tenor of community sentiment with respect to the settlement of evacuees in the area, giving the facts about the evacuees and securing active cooperation and participation of representative individuals and agencies before evacuees are invited to settle in the area.

Very little adverse sentiment has been found: in most instances where prejudice has been encountered a presentation of facts and discussion of the policies and program of the War Relocation Authority have eliminated the antagonism. The occasional adverse sentiment encountered has appeared to arise from the fact that we are at war with Japan rather than from race prejudice as such. The techniques used by the relocation staff to carry on this very vital phase of the program are adaptations of techniques and skills which have been developed and used effectively through many years not only by social workers, but by many individuals and agencies concerned with community organization in many fields. Interviews with individuals, presentation to groups, distribution of printed material, newspaper items and the organization of local committees are some of the methods which have been effective.

These techniques are not the peculiar possession of social work agencies, although social workers have used them widely and perhaps

were the pioneers in recognizing and analyzing them as skills which could be learned and incorporated in a body of knowledge to be passed on to other practitioners. Social workers may well be proud to realize that the techniques which they have so carefully developed, their fundamental concepts concerning the common needs of individuals and the treatment of individuals, have been so integrated into the life of our time that they are used consciously or unconsciously in many areas of human relations and by many who are not themselves social workers.

It was expected when the plan for relocation offices was first made that local agencies, groups and committees would take responsibility for community integration of evacuees and for any continued service which might be needed by individual resettlers. These local groups and agencies have done a fine and thoughtful job—the Young Women's Christian Association, Young Men's Christian Association, Church Federation, Brethren Church and the American Friends Service Committee in particular. But there have been serious gaps in the overall program which we are taking steps now to close up. We were not at first sufficiently aware of the serious disorientation which many evacuees have suffered; the spiritual wounds of evacuation, the sense of frustration and dependency while in the centers, have seriously affected many of the human beings who suffered these experiences. Healing will require more than superficial treatment.

The relocation offices constitute the liaison between the evacuees in the centers and available jobs, between friendly communities and evacuees. It was felt when relocation offices were first opened that resettlement of evacuees in communities prepared to accept them and where jobs were available would be a relatively simple matter. Therefore, in recruiting staff for relocation offices, emphasis was placed upon employment and community organization experience rather than upon social work experience, although there are a few social workers on the staffs of the various offices.

It became apparent in Chicago, however, when the number of evacuees coming to the city increased from a half dozen each week to nearly a hundred, that a good many of these people were not prepared to meet the problems of living in a strange community without assistance and counsel on the part of the War Relocation Authority. The change from life in the center to life outside is very great. Very few of the evacuees had ever lived or even traveled away from the

west coast prior to evacuation, and they knew little about the communities in the middle west into which they were coming. Young single men and women without dependents naturally were the first to leave relocation centers. For many of these young people this was their first trip away from California, Oregon or Washington; they were for the first time leaving their families, taking their first jobs and, for the first time, managing their own budgets. Many were timid and self-conscious and confused by these new experiences.

The evacuees' insecurity shows itself in various ways. Some are extremely cautious, others very assertive. Most of the younger individuals do not have sufficient experience to enable them to evaluate job opportunities and find such decisions hard to make. They do not always find the right job at first, or do not adjust to the first job or two, and become very discouraged during the process. Many of the young evacuees have had no work experience; many of the older individuals find it hard to reestablish work habits and to do a full day's work when first re-employed.

Resettlement has called for courage and patience as well as ability and skill. Most evacuees come through the experience successfully although a few have been disheartened and have wanted to return to the centers. Return is permitted only in cases where the relocation officer feels that successful resettlement is impossible, but in many cases there is a strong desire to return resulting from homesickness and a sense of insecurity.

Because of labor shortages in many areas, jobs have been plentiful, ranging all the way from domestic work and common labor to professional, technical and clerical jobs requiring training, skill and experience. A job commensurate with his experience and skill is not always readily available for a particular evacuee. Many have had to go back a step or two in their professional or technical fields, but in most such cases, there is possibility of advancement. In some occupations, such as office work for girls and women, opportunities have been numerous and salaries offered above the average in the area. Almost without exception Japanese American girls taking office jobs have "made good," and one such placement usually results in a request from the employer for "another girl like Sueko" or for two or three more. The most difficult persons to place have been those who prior to evacua-

tion owned or operated their own businesses, produce markets, retail stores and other business enterprises. The opportunity for Japanese-Americans to work in offices and businesses operated by Caucasians was rare on the west coast and has been much appreciated by evacuees settling in the middle west.

For all positions the War Relocation Authority requires that the evacuee be paid wages similar to those paid any other persons doing the same job. We have not referred evacuees to "substandard jobs".

Since the Chicago Office was opened in January of this year, over four thousand evacuees have come to this area, which includes all but four counties of Illinois, Wisconsin, Minnesota, Indiana, the eastern half of North Dakota and a few adjacent counties in Iowa and Michigan. Since May 1943, with the approval of the relocation officer, evacuees have been permitted to come to communities without having previously been accepted for a specific job, as was earlier required. The result has been gratifying in the increased number of evacuees coming to Chicago and other localities. Chicago has drawn the largest number, with Minneapolis and St. Paul close seconds. Minneapolis was also one of the early communities in the area to organize a committee to assist in the resettlement of evacuees.

Though the majority of evacuees who have so far come to the Chicago area are young single individuals, a few families and a few of the older generation also have resettled here. Family resettlement presents many problems. Lack of housing in areas where jobs are plentiful is the most immediate and tangible difficulty. Less tangible but very important is the fear that the employable members of the family may not find work at wages sufficient to meet family needs. Unless family resettlement is made possible, we shall have a generation of children growing up in the unnatural environment of relocation centers. The staff of the War Relocation Authority in the centers and in the field offices is using every method which can be devised to overcome these difficulties. One successful means has been the encouragement and assistance given to single family members already resettled in planning for the relocation of their families.

In order to promote relocation, the Authority provides cash assistance to each individual granted indefinite leave as follows: cost of railway transportation at coach rates

to the destination chosen by the evacuee, \$3.00 per day for subsistence enroute, \$25.00 per person for subsistence until employment is secured. (Families having cash resources of over \$100.00 per family member are not eligible for the \$25.00 subsistence grant). Evacuees in need are also eligible for assistance from a Social Security Board fund for the "assistance of persons in distress because of restrictive action of the Federal Government". Emergency medical and hospital care and burial have been provided through this program, administered in all states except Colorado by the state departments of public welfare. Other assistance can be provided as needed. Thus no resettler need suffer for necessities during the period in which he is establishing himself in a new community, nor will local funds be required for his assistance. The Japanese group in this country prior to evacuation was self-supporting, very few having at any time received any form of public assistance. It is therefore unlikely that the need for public assistance for resettlers will present a problem.

Interviews with the large number of evacuees coming into relocation areas who come to relocation offices for information and assistance in making plans play an important part in their orientation and are a factor in successful resettlement. The necessity for planning for these interviews and their importance in the process of relocation were not at first realized. This function was made a part of the Chicago Office procedure as soon as the need was recognized. Such interviews must include an exchange of vocational information and counsel, some interpretation of the evacuee's status as a normal member of the community with responsibilities and privileges, assistance in understanding local conditions and the restrictions of wartime living and some understanding of local customs which may differ from those of the west coast. A few evacuees have been so sensitive as to conclude that common war time restrictions are the result of racial discrimination and are applied only to Japanese-Americans.

Most important of all, the interview should help the evacuee to an awareness of his own freedom and independence, should help him, in fact, to become a "resettler" rather than an evacuee. Most evacuees are sensitive; many are reticent. They are frequently suspicious of the good intentions and the wisdom of the War Relocation Authority and other governmental agencies. Considering the sacrifices, the discomforts and deprivations of evacuation, there is less bitterness, less resentment, than might be expected. They

must have help in overcoming these suspicions and bitterness where they exist if they are to function again successfully as self-directing individuals. It is impossible to tell how much of the evacuees' sensitivity and self-consciousness is due to experiences following the Japanese attack on Pearl Harbor and how much may be the result of the long-time antagonism toward Japanese which was felt by many west coast groups and individuals prior to evacuation. The fact remains that most Japanese-Americans have not had opportunities for full and free participation in community work and activities, and they are unsure of their acceptance by Caucasians.

To assist these people of Japanese ancestry to overcome the spiritual shock of evacuation and the deteriorating effect of life in the centers calls for skill of a high order and for social planning on a high level. They do not need case work service except in very rare instances. They are people who have been independent, industrious and successful, not misfits or people who have always had difficulties in maintaining independence. Limitations of personnel and fear of creating or continuing dependency have been factors in planning the relocation program.

When the need for interviewing as a major function of the Chicago Relocation Office was recognized, staff members were assigned to this service. The interviewers were respectively a young Japanese-American with experience as an interviewer with the United States Employment Service, a public welfare worker with long experience in the Young Men's Christian Association, relief and WPA administrations, and a social worker with family welfare, Red Cross and relief experience. It was impossible to control the number of evacuees coming to the office for advice and information, so that on some days there were far too many to allow sufficient time and freedom from pressure to ensure successful interviews. Nevertheless this plan of staff assignment and procedure was, on the whole, effective.

It is obvious that the orientation of evacuees should begin in the relocation centers. Various devices have been developed to meet this need and a comprehensive pre-relocation program is now being worked out. Devices used have varied from center to center, and have included the assembling of written material concerning relocation areas, discussion groups, movies, talks by project personnel and visitors. Interviews with individual evacuees planning relocation have also been carried on. These devices prepare the evacuee

to some extent for the change from life in a center to life outside. The effectiveness of interviews varies considerably. Personnel in the centers is limited and it is extremely difficult at best to give the resident of a relocation center an understanding of the realities of the situation into which he will plunge upon relocation outside the center. Many changes have taken place in all communities in the past two years as a result of the war. These the evacuee has not experienced directly, and he may have exaggerated ideas of war time wages or exaggerated fears of war time living costs. There are many other misconceptions to overcome.

To appreciate the magnitude of the resettlement problem, one must keep in mind the experiences of evacuation itself and life in the relocation centers. Close association with a homogeneous group, the lack of the usual incentives and opportunities for personal advancement and satisfactions, the concentration upon the problems of one's own group, the sense of bitterness, hurt pride and shock of financial loss, in addition to the restrictions and discomforts of life in the centers, cannot but affect materially the human beings subjected to these conditions.

To sum up our experience in Chicago, the problems of resettlement are complex. Basic necessities for the resettlement program include: preparation of the community to accept the evacuee; preparation of the evacuee for resettlement; the securing of employment opportunities; advice and counsel to the evacuee upon arrival from a relocation center and assistance to him in integration in community life. The War Relocation Authority is not equipped to provide long time service to resettled evacuees nor is this considered desirable. Community agencies stand ready to offer the same services to evacuees as are offered to others in the community. Community agencies have played and are playing a large part in this program through their regular services and through some special services which have been developed to assist evacuees in the transition period.

In general, the adjustment of re-settled evacuees has been excellent. After the first impact of new scenes and responsibilities, most evacuees have made their own way and overcome the initial homesickness and discouragement. In many instances the demands in courage and determination have been great. I believe that individuals of Japanese ancestry in the middle west have a real opportunity to establish themselves as in-

tegral parts of average American communities. It will not be easy, but people in the middle west are friendly. They like and admire the men, women and children of Japanese ancestry who have come to live among them. Japanese-Americans will enrich the culture of the communities to which they come and will make a valuable contribution to local industries, agriculture, business and the professions. Careful, conscious adjustment will be called for on the part of the evacuees as well as local residents.

INTERNATIONAL RELIEF

(Continued from page 6)

The Path Ahead

NOW that the broad general policies to guide the UNRRA program have been laid down, there remains the necessity of building a staff and organization capable of translating these policies into action. This obviously will be no simple task.

A second problem will be to secure from the cooperating governments resources sufficient to meet even the most pressing needs.

As always in ventures involving operations on an international scale, there will be the difficulty of avoiding or of surmounting conflicts with the national interests of cooperating governments.

Finally, there is the necessity of the closest cooperation between UNRRA and military authorities. On the one hand, the winning of the war and its objectives must not be impeded. On the other hand, civil and military relief enterprises must be carefully coordinated to insure continuous and proper provision for relief needs.

If the imagination, good will, and energy evidenced again and again during the recent Council session are any augury for the future, the difficult course before UNRRA will be successfully negotiated and its high purposes realized.

Many social work skills have been utilized and will be needed, but above all, I believe the kindest thing we can do for these newcomers is not to consider them a special group, but to treat them as individuals with varying degrees of skill, varying tastes and interests, many different hopes and ambitions. They, like the rest of us, have a common need for friendly, unsentimental and unemotional acceptance by the people they work with and play with and friendliness must be expressed in deeds as well as words.

Professional Action

TWO reports — from the Cleveland and Utah chapters—are now available to interested chapters and members, illustrating ways in which the professional group can and does take action on issues about which it has special knowledge and experience. The Utah report is on the chapter's work in connection with maintaining a sound public welfare program for the state—a program which has for several years been under continuous threat by the Governor. The Cleveland chapter's material deals with its efforts to improve programs for the care of the feeble-minded and mentally ill in the state. The efforts of both of these chapters warrant study by other chapters not only as examples of the profession in action, but also as evidence of the professional group's ability to relate and coordinate its efforts with those of other community groups with similar concerns.

National Conference to Meet

Cleveland, Ohio, has been selected for the 1944 meeting of the National Conference of Social Work. The dates for the Conference are May 21 to 27. The AASW as usual will have one or two meetings during the Conference week.

The Social Work Vocational Bureau Reports

Louise C. Odencrantz, Executive Director of the Social Work Vocational Bureau, tells of recent operations of the Bureau and current problems in placement.

AS a national clearing center for openings and available personnel in the social case work field, the Social Work Vocational Bureau feels the full impact of the present shortage of workers. The annual report of the Bureau indicates that serious as the situation was a year ago, it has become progressively more acute. There has been no rise in the number of workers entering the field comparable to the increased need for social services of various kinds; in fact the supply has decreased with the withdrawal of men for the armed forces, women leaving the field for home responsibilities, and a decline in the registration in schools of social work.

Figures from the annual report of the Bureau for the year ending July 1, 1943, are indicative of conditions and trends as a whole. A large proportion of case work agencies in the country are now members of the Bureau and keep it informed currently of vacancies on their staffs. During the past year 1649 openings were listed with the Bureau, an increase of 39 per cent above the preceding year.

In spite of the decline in the number of workers available, SWVB increased placements 18 per cent over the preceding year, and an increase of 37 per cent occurred in assisted placements (use of SWVB professional histories by agencies for members who had become known to the agencies through other sources or direct application). There was a marked drop in the proportion of men placed to nine per cent as compared with 17 per cent a year ago. The median annual salary for both groups (placements and assisted placements) was \$2100, or \$100 higher than a year ago. Of the total reporting salaries in their new positions, 35 per cent received \$2400 or more, and 14 per cent, as compared with 9 per cent last year, received \$3,000 or more. Over a fourth of the placements were in executive, administrative or supervisory positions, the proportion remaining about the same as in former years. This year 44 per cent of the placements were with family and child welfare agencies, and 34 per cent with the American Red Cross and Travelers Aid Societies.

The seriousness of the shortage is illustrated in the large number of vacancies still open on July 1, 1943—600 vacancies as compared with 319 on the same date a year ago. SWVB attempts in so far as possible to distribute information about available personnel where needs seem most urgent and among the various agencies. While there is at all times a supply of available workers, it is not always possible to "match" them with openings listed. SWVB is restricted by the limitations which candidates may set, such as location, field of work, type of position, salary desired. It is also recognized that as most of the candidates available are already employed, they are interested only in change to a position which offers more responsibility and salary, special type of job or location, or to "the unusual opportunity."

In the present shortage agencies are recognizing the urgency of careful evaluation of the total experience and background of every candidate. Greater flexibility is shown in specifications and in consideration of personnel with case work experience and training in other fields. One agency would specify only, "the best we can get." Other agencies feel that they can consider only those who meet established minimum requirements.

About 2500 social workers have become members of SWVB since it opened in 1940, and have professional histories with references on file at this central point. While interest in information about openings is naturally a primary basis for membership, members make extensive use of other services of the Bureau. A marked increase has taken place in the use by agencies and individual members of the references collected by the Bureau from past employers—references perhaps no longer available elsewhere. Some men when entering the armed forces become members of the Bureau so that their references may be collected and available when they return to civilian life.

The Social Work Vocational Bureau, like its predecessors, has been concerned with the problem of the development of satisfactory references, which are a basic factor for selection in this field. A national committee of

the Bureau has been active in developing forms for requesting references which might help in presenting an adequate and helpful picture of the candidate and his performance. The committee has also been interested in the related problem of reference reading so that honest, frank and thoughtfully prepared references for qualified workers may be fairly interpreted. The very nature of social work demands careful evaluation and delicate matching of the individual and the job.

A student once exclaimed, "You get a lot of information about candidates. What information do you get about the agency?" The answer is that SWVB asks its member agencies for information about their set-up and personnel practices. Aside from the value of this information to the Bureau in selecting candidates, it is helpful to candidates in considering openings. The wastefulness of turnover due to disappointment in conditions of work or the agency set-up may be reduced by providing the candidate with such information at the time of referral. National organizations are also cooperating closely with the Bureau, particularly through their field representatives, in providing information about local situations and conditions.

Extensive use is also made by both agency and individual members of the counselling services of the Bureau and for information about trends in the field. Workers often wish to discuss their interests and clarify their thinking about their professional development. At the present time case workers are frequently embarrassed by a richness of offers and turn to the Bureau for help in making a decision. Agencies may wish to discuss job specifications, salary ranges, promotional plans or personnel practices. Many of these inquiries are directed for further exploration to the national functional and professional organizations.

The three years' experience of the SWVB indicates a general acceptance of the cooperative plan of annual membership for agencies and individual social workers who wish to use its services. When the membership plan was first adopted there was some doubt as to its acceptability because it differed materially from the placement fee basis on which the former Joint Vocational Service had operated.

A bit of history may be of interest. The National Social Workers Exchange, which was the earliest predecessor of SWVB, was organized in 1917 on a similar membership basis. Even before there was an American Association of Social Workers, the need of a national placement service was recognized,

to facilitate the distribution of social workers throughout the country. The concern which developed in this early organization for personnel standards and the need for defining the job of the social worker were important factors in the organization of the AASW. The individual members of the Exchange formed a nucleus for the newly formed AASW which assumed placement service as one of its responsibilities. In 1927 this function was separated from the AASW and placed in a new independent organization, Joint Vocational Service. Although organized on a placement fee basis, JVS, like SWVB, was called upon to provide other personnel services over and above placement, such as counselling about the field of social work, personnel trends, salaries, training opportunities, etc., and wide use of its central file of references. Placement fees could cover only a limited part of the budget necessary to provide these as well as the highly technical placement service. Largely for financial reasons, the JVS was discontinued in December 1939. After an interim period of great confusion, with no channel of communication between social agencies in need of personnel and social workers seeking openings, the Social Work Vocational Bureau was organized in the spring of 1940. Exploration had been made of the possibility that the United States Employment Service might include such a national service in its program, but the USES was not prepared to undertake it.

While at the outset the services of SWVB were limited to the social case work field, it was the plan of the Bureau to consider extension of its services to other fields of social work as they might be needed and as means of financing could be provided. The present shortage of workers has raised such questions as whether SWVB should modify its present minimum requirements for individual membership or should include a new class of membership for "case work assistants." These proposals are being discussed by the Board and the general membership, but no action has as yet been taken. It is general opinion that a Bureau such as this which provides service to the field should reflect the needs of the field as they are felt by agencies and workers. These groups, in conjunction with the national organizations, can best determine what the field requires and can recommend to the Bureau revisions in membership requirements or other changes which may be desirable, so that agencies and workers may most effectively meet their responsibilities to provide social work services to their communities.

COMPASS EXCHANGE

THE COMPASS apparently was not wrong in believing that members would want to discuss the proposal made by R. Clyde White in "A Strategy for Social Workers" in the November issue. Many comments have been received and as many as space would permit are reproduced below. THE COMPASS expects to continue this forum in later issues, since the questions are obviously of deep and immediate concern to the membership.

From Max Silverstein, Los Angeles, Calif.

I suppose it may be unsound to take three ideas from the context of Mr. White's proposal, isolate them and apply a pincers. However, I'll employ the tactic, knowing that others will be commenting on the proposals in a more strategically comprehensive way.

The first idea states as the central problem that the public does not like us. ". . . it is a commonplace to say that the public does not accept social work as a profession in the unqualified way in which it does accept medicine and teaching."

The second idea urges that we have to do something about this state of public mind; the reason for its existence is that "we have failed to 'sell' our profession to the public."

The third idea, the solution to our problem, is the use of a "modern and realistic" public relations program "to 'sell' the people on social work and social workers, to create respect for our professional job and skill . . ."

It may be "commonplace to say," but I question the validity of the assumption that the public does not accept social work in the unqualified way in which it accepts medicine and teaching. I cite the following not to prove or disprove the assumption, but simply to underscore the two-sided aspect of our concern.

Public education was established after long and bitter battle with the "public mind" and the forces of combat still persist. The violence in The Three R's campaign, the characterization of the teacher either as the prim, old-maidish, squeaky non-entity or the idealist, misleader, radical, "professor," the "burning of the books," the series of civil liberty and freedom of speech fights, the dumping of teachers (in certain states) who attempted to "teach," and the sub-standard salary schedules reflecting the "public mind" regarding the worth of teachers, are some indices of qualification as to acceptance.

Medicine and its public acceptance also has some interesting angles. The individual practitioner may be adored; his professional organization is anathema among broad sections of the public, including physicians. Analysis of the current "public relations" campaign carried on by organized medicine against disability insurance, a careful review of the official pronouncements, editorial policy, public polemic, the organization's performance in 1938 and since in Washington, D. C., all point to the deep split between public relations and professional skill in this field,

and to the inevitable further alienation of the public mind. (Interesting, in this respect, is the growing team-work between the individual physician and the social worker, in contrast to the official organizational attacks upon social workers.)

The public mind on lawyers isn't all strawberries and cream, either.

As regards social work and social workers and the public mind, I can't escape the feeling that somehow, we perpetuate this concept of "nobody loves us." In addition to being active propagandists of this slogan, we also strongly imply that it's not our fault—it's the public's! They don't get it! Putting aside, for the moment, the many fancy interpretations of why we react this way, wouldn't a little self-respect for ourselves, our jobs and our skill be a first base of operations? Again I cite the following not to establish any special thesis, but to point to certain unstressed realities.

The Americans who support social work financially and those who seek its services, vast in number, are part of the public and should be counted in measuring the public mind. When the largest mass migration of people in America, the evacuation of the Japanese, was needed and accomplished, the public called on social workers. When our victories by arms needed follow-through, the government called on social workers. When the country was in convulsive economic depression, it called on social workers. The Governor of Michigan publicly thanked social workers for their constructive part in getting at some of the factors in the recent Detroit race riots. The Army has given us a number. The home front war services desperately seek social workers. Isn't there some talk about the demand for us outstripping our supply?

On the other hand, as Mr. White points out, we take it on the chin with regularity; and usually not in ways which tend to enhance the status of a learned profession. Perhaps in our simultaneously being wanted, and being lambasted, coupled with a recognition of *who* wants us and *who* lambasts us, may give us a clue to the nature of our public position.

Attacks on social work and social workers are not isolated phenomena. They occur when the "public atmosphere" is charged with attacks on the dignity of man. Social work, rooted in the belief of the social being of each individual and in a skill that makes a responsible relationship possible between a social service and the individual in need, has become identified with the flowering of human rights and of social progress. Although some would see us and our programs as frills to be dispensed with at appropriate times, we do happen to be located at or

close by to the heart of the never-ending struggle for democratic decency. Potentially, we represent the vehicle through which the citizen can participate in the receiving of services from his government or from his community without damage to his will or personality, and perhaps with reborn strength to live and create for that community, for that government and for himself. Being so located, of course, makes us especially vulnerable to attack from those quarters who look with anxiety at the growth of man into a social being and of society into an instrument for social progress.

In short, then, we are generally attacked for being symbols of a force in the forward march of the people in those quarters that only learned to play retreat. It follows that social work can flourish in a public atmosphere that is charged with the growing faith in the social worth of man, and if I were spending money on a "public relations program," that is the item I would "sell." There are down-to-earth ways for our association to help "sell" this idea. In this we are not alone, but we have, from a program point of view at least, a special body of knowledge to place in the common pot at the disposal of the people and their organizations.

We are vulnerable, again on another front. This has to do with professional skill. Until the foot-soldiers in our ranks, together with the officers, can produce, the money spent on "creating respect" is so much ballyhoo. The years we spent in debate on whether public relief was case work while the nation wept for skilled leadership, were the golden years lost to genuine "public relations." Now, again when the nation and its institutions are in a death struggle for new forms of survival, we can regain, by producing a skilled performance, our right to serve the people.

From Mrs. Frances Schmidt, Cincinnati, Ohio

There can be little disagreement with the basic point which Mr. White makes in regard to the failure of social work to "sell" itself and its professional equipment to the public. We must stand indicted on that and we must face the brutal truth that unless we succeed in doing so, and quickly, we will not be able to take the full measure of responsibility for which we are trained, either now or in the post-war world.

I can disagree with Mr. White only in details of the strategy which he has outlined, and which I feel to be both over-simplified and somewhat shortsighted. In the first place, there are other equally potent social work organizations that have an equal stake in this. Some of them have even more experience in community interpretation than those he mentions, and all of them should be expected to share in any concerted action of this kind. I refer to the national functional organizations, such as the Child Welfare League, the Girl Scouts, the Camp Fire Girls, the Family Welfare Association of America, etc.; the functional professional groups, such as the American Association of Medical Social Workers, the American Association of Psychiatric Social Workers; fund-raising and social planning organizations, such as Community Chests and Councils, the National War Fund.

I grant that such all-inclusiveness might be unwieldy, but I think it is uneconomical not to make use of whatever resources we have available,

and several of these groups have proved their capacity for promotional publicity on a national scale. Then, too, any such program developed nationally must have its roots deep in the ground-work of social work practice, or it will be an artificial growth which cannot survive.

I would suggest that a national public relations committee, composed of representatives of these organizations, have a council of war to lay out for the profession the strategy which they think must be followed.

Because of the immediacy of the need, they might well decide that a public relations firm should be employed and jointly financed, as Mr. White suggests. However, past experience has shown that such a firm would have to work closely with a strong advisory committee and that its effectiveness is measured by the extent to which it is accepted by the rank and file of those whom it serves. This, in turn, might be dependent on the two-way channelling which could be worked out between the local communities and the central planning body.

It seems to me quite possible that we have within our own group a nucleus of seasoned public relations people who might be brought together, and that real benefit might be derived by having those serving functional groups plan jointly an over-all program.

This, however, is only part of the problem. Fundamentally, the failure has been not only in our leadership, but down the line through the entire practitioner group. Our practitioners should be our constant interpreters, and they are not. Their failure is not something for which they are responsible. It seems to me that part of the responsibility lies with the professional school curricula, which do not emphasize sufficiently the philosophy and the techniques of interpretation. Part of it lies with the individual agency and the supervisor within that agency, who are responsible for helping the beginning worker to accept the full measure of responsibility demanded of her by her professional standards.

It seems to me that a promotional campaign, while vitally needed, would meet only the immediate need and that we must provide for a long-time program to implement it.

From Harald H. Lund, New York City

Unquestionably Professor White deserves recognition as the Dean Swift of social work. His piece in THE COMPASS on how to make social workers palatable to the public was a masterpiece of satire. It was so good that apparently some readers took his words at face value. This is a true test of success as a satirist. At the same time, the bulk of social workers undoubtedly were cut to the quick and overwhelmed with shame, as they properly should have been, that such an indictment was possible.

One touch might have been added. How apt it would have been had Professor White suggested the employment of Russell Birdwell as public relations counselor for social workers. Birdwell has made fascist ex-King Carol an even greater stench than he was before in the nostrils of Americans. Think of what this artist could do to social work. And for a bagatelle of \$35,000 per year.

Since I am not a satirist, I wish to comment in straight talk on the problem which Professor White has presented with such finesse.

The social worker's lack of status in the public eye can be ascribed to an obvious but basic fact. Social workers as a group deserve no better.

As far as I am concerned, we need not argue about the importance of social work as a profession nor about the contributions which the great majority of social workers are making in their respective jobs. I am so convinced of the merits of social work and social workers in this sense that nothing can shake my confidence.

As a group, however, social workers lack effectiveness and integrity. They stand for nothing in the public eye because actually they stand for nothing. No concerted, effective action has been taken by the profession on issues of paramount importance to the public welfare today. Who knows where the profession stands on matters such as the following:

Should social security measures be extended to protect a larger proportion of the population?

Should the social security program be expanded to afford health protection and some forms of medical care?

Should provision be made generally for day care of the children of working mothers?

Are there constructive approaches to juvenile delinquency?

Are anti-race activities significant and dangerous?

What would inflation do to living standards?

On what does full employment after the war depend?

What is the significance of the program of foreign relief and rehabilitation?

Is it important that social workers should have a voice in planning and administering our national, state, and local social welfare programs?

These are but a few of the matters on which social workers could be expected to have something pertinent to say because of their special knowledge and experience. They are matters on which the public needs light from sources which concern themselves primarily with human values. A great part of the discussion on these problems in the press and on the air is colored by special interests—the interest of politics in the narrow sense, the interest of private profit, the interest of sectarianism of one kind or another. It is as though the problem of disease were to be discussed by everyone except the physician.

It is not to be expected that the views of all social workers would be absolutely in accord on the details of war-time and post-war welfare measures and programs. In this sense there could be no single voice of social work. It does appear, however, that there could be great unanimity of opinion and action on basic principles.

This war is being fought to protect and to promote the welfare of all the peoples of the world. It is being fought for the goals which brought the social work profession into being. It is a war for human progress. There is no place for social work under fascism. Winning of the war must therefore be an aim on which the profession of social work as a whole can agree.

Has social work as a whole identified itself in the public eye as a group which has the greatest possible conviction as to the necessity of winning the war? Have steps been taken by the profession to determine how it can best contribute to victory? Has the profession united itself with whatever strength it possesses in support of the President and the measures he has declared essential for victory?

I doubt that there is any trick of the publicity expert that can make it appear that professional social work is unitedly and effectively promoting the public welfare in this period of great crisis unless the profession actually is doing so. If the profession does assume its obligation of leadership there is probably nothing that can keep the public from knowing about it.

The necessary machinery exists. The leadership so far has been lacking. When will it awaken?

From Florence Sytz, New Orleans, La.

I have read with considerable interest and sympathy R. Clyde White's plea for "A Strategy for Social Workers" which appeared in the November COMPASS. Some of us may evaluate the attacks on ourselves and our profession a bit differently. I, for one, do not expect to see social workers win any popularity contest if for no other reason than because, as a group, we are persistently engaged in calling attention to the needs of the forgotten men, women and children in our nation and in doing this we act as a prod to the public conscience. Prods and consciences are seldom, if ever, popular. Furthermore now that we have greatly expanded the public social services and the employment of social workers in these services we may expect to be questioned, to have our theories, practices and programs challenged and to be attacked in both rational and irrational ways. We have become public servants; through choice and in behalf of helping large numbers of needy persons, we have lost the protection afforded us by private agency structure and function. Our professional problem is in many ways but one aspect of the larger problem of gaining recognition for the place of the expert in governmental service. In saying all this I do not wish to be misunderstood as being either unaware of or unconcerned about the threat to the well-being of the persons in need dependent upon our private and public social services that is often cleverly concealed by those who grind their axes upon us. This is the basis of Mr. White's concern; it is also mine, and is, of course, the one shared by other members of our profession.

Mr. White's solution to this problem is one of "selling" social work and social workers, and to do this effectively he suggests that we engage the services of a "firm of public relations counselors who are equipped by viewpoint, staff, and connections to do it." Although I am aware of the fact that universities as well as King Carol engage such counselors there is something about the proposal that is distasteful to me. Perhaps my prejudice stems from the idea that selling all too often means putting something over on the customer, a way of getting him to buy an article he neither needs nor really wants. I've no doubt but that persons engaged in selling a good product would say that I am simply revealing a prejudice or my own reaction to an unfortunate experience in which I was sold a poor or inferior article. Social workers and the private and public social services are good products. I've no doubt about

this, so if the AASW decides that the best way to sell these products is via a firm of public relations counselors I will support the plan.

Mr. White's definition of our problem indicates that it is a complex rather than a simple one and this leads me to hope that we will not be content to leave the solution of our difficulty to any firm of public relations counselors. There are additional things for us to do. . . . As Mr. White points out, we have within social work "multiple organization and multiple membership dues." We have chosen, for the most part, to divide ourselves and rule ourselves; our particular set of professional interests tend to take precedence over our universal interests. At times we come together on a matter of common concern; our present efforts to recruit personnel for social work is an illustration of this. We should, I believe, explore other areas in which we might with profit to our clients merge our professional interest and strength.

Mr. White suggests that we more carefully define what he calls the "strategic functions of each type of organization, and then each group can concentrate upon that sector of the general scheme for which its traditions fit it." To me this is a demand for a more sharply focused AASW program and I am in hearty accord with the idea. I believe that few, if any, members of the AASW harvest much satisfaction from a program that thins itself out in an attempt to cover the many professional concerns of its membership. I would be willing to scrap every item in our present program and concentrate our funds and efforts on Mr. White's objective, namely, that of bringing about "acceptance of social workers as useful and necessary professional persons . . ." if this can be an agreed upon objective of a two-, three-, or five-year program plan. In general we need, in my opinion, to line up our various program interests and then choose one or two of these to promote vigorously and intelligently for a given period. . . .

Mr. White states that, "the AASW can do something to educate the public about the services which social workers are equipped to give and do give people of all classes and stations in life. . . . The public must know enough about case work to understand what it can give people"—that we must be able to explain the values of group work and community organization to the man on the farm and in the street. The man in the street or on the farm has, on the whole, been very patient. He often pays the bill for social services he never has occasion to request for himself or for members of his family. All too often he is asked to accept on faith our accomplishments; we are too busy to tell him much about these, so habitual has become our sharing with him our unsolved problems. He has every right to know anything and everything he wishes to know about this case work, group work, and community organization he is asked to support. We must be willing to come out of our foxholes of professional lingo and talk with him about the values of our social services in words both he and we can understand. For one thing, at least, is very clear—we will not survive as public servants if the only people we can communicate with are ourselves.

From Mrs. Natalie W. Linderholm, New York City

. . . To break down unfriendly attitudes, generated in part by our own work, social work needs a public relations policy. It has needed it ever since we

became professionally self-conscious. That is because those concerned with the development and practise of professional skills in any field of endeavor tend to become a group apart unless constant attention is given to ways and means of keeping the public sympathetic and in step with professional advances. Maintaining contact with the man-in-the-street too often takes on the appearance of a side issue in competition with the new words and new knowledge that are the marks of growing professional usefulness. But contact must be maintained, for the man-in-the-street is the voter and the tax-payer, the contributor and the board member. He decides—not the social worker—how much social work there is to be, and whether social workers shall be trained or untrained. He listens to the radio, reads the funnies and the sports pages, and prefers movies that are on the light side. There are millions of him. . . . He wants to know what's to be done and why, told in the dramatic pictures and vivid statements to which advertising has converted him. "Results," he likes to say, "are what count."

This is the man who personifies social work's public relations problem today, when the words "post-war planning" are threadbare from over-use before any dent has been made on the problem. . . . Perhaps our way to wider public acceptance is, as Professor White suggests, through skilled public relations counseling. Such help can certainly do much to establish our right as a profession to share in planning the postwar world. Even without that service, however, there are several ways in which we can help ourselves towards the same goal.

We must learn to speak simply, clearly and concisely. Practically every meeting produces a speaker who deplores the indiscriminate use of our professional vocabulary. . . . The public challenges us sharply here, not only for our words, but for our thinking. They say we are too general, too abstract, inclined to assertion unsupported by facts, negative rather than positive in our statements, given to depreciating our substantial achievements by undue emphasis on our shortcomings.

Our critics exaggerate, but less, I sometimes fear, than we like to think. If you doubt this, try this test. Write on slips of paper the names of a dozen groups—reporters, teachers, policemen, housewives, doctors and so on. Distribute the slips at random to your staff, and ask each to explain his work in appropriate terms. Weigh their explanations in terms of the foregoing community comments on what we say and how we say it, and I venture that you will agree with many of the criticisms.

This is an exercise in interpretation worth trying often (but only if you have strength of mind to give and accept unsparing and objective criticism), for ability to deal effectively with groups in the community, as we meet them in casual rather than planned contacts, is fundamental in public relations. Out of these apparently slight contacts public opinion is created, and in its creation the spoken word, aided by the impact of personality on personality, is more powerful than pages of print.

We must use the public relations service we already have. In every city of any size in this country there are public relations workers, specializing in our own fields of activity, who would like to promote social work from the point of view of social workers, if for no other reason than because it would so greatly enrich and improve the quality of their publicity output. Their concern for proper handling

of their share in our public relations problem has brought them together in the National Publicity Council for Health and Welfare Services. Affiliated with the Council is a Professional Publicity Group which sets up standards as definite and as high as those of the AASW. An occasional maverick satisfies the professional requirements of both the AASW and the Professional Publicity Group, but in general they go their separate ways. Each is the loser thereby.

On our part, a constructive step would be to inquire into the possibilities and limitations of chest, council and agency publicity before giving vent to our frequently justifiable criticisms. Do we understand the problem? Are we doing our share in supplying the stuff-of-life for publicity programs, or do we regard this as just another chore, perhaps not worth our full attention? Has our AASW chapter a public relations committee? Does the chapter offer its help in keeping community and agency publicity "on the beam?" When did the chapter last have a joint meeting with the local publicity council? These are questions worth answering as we appraise our public relations problem today.

We must train social workers in the fundamentals of public relations. This does not mean that social workers must learn how to write news releases and radio scripts; it does mean that they should learn, all of them, something about the nature of news, and more important, that they should learn much about community attitudes and how they may be influenced. . . . What is needed is the application of sound social work techniques to community situations, instead of restricting these techniques, as is so often done, to client problems. Ultimately the schools of social work must find ways of making these skills an integral part of every worker's basic training, but until that end is achieved, the AASW might accomplish much through encouragement and sponsorship of institutes and extension courses under competent leadership.

We need a public relations program in the AASW. We need it for ourselves, and for the profession as a whole. A well-rounded program such as Professor White suggests will cost money, but it will be worth every cent it costs, and more, if we are ready to do our part. For that we should have on the Association staff, at once and on a permanent basis, a public relations specialist, preferably someone with standing in the field of social work as well as in publicity. Such a staff worker is essential as a liaison officer for the membership and any firm of public relations counselors that may be retained.

There is vital work for this staff member to do now, even without an outside firm. The AASW program should be analyzed for publicity possibilities and a new start made in establishing the Association as an authoritative source of news and comment. Cooperation and understanding should be developed between the Association and public relations specialists already at work locally and nationally in social work and allied fields, in public as well as in private agencies. Consultation service should be made available to help chapters with their public relations problems, for understanding stems from the grass roots. Without this basic work on the part of the AASW, the services of the best commercial firm will be ineffective. With it, the value of such service will be at least doubled.

This is a problem that rates top priority on our 1944 agenda. Let's get at it now.

From Harold E. Simmons, Corvallis, Ore.

I am rather young in the social work profession yet old enough to have taken on some of the professional defensiveness apparent among most social workers. Its the same defensiveness that we find in Negroes, Jews, etc., namely the feeling a group has by virtue of difference in race, creed or just fundamental ideals. This difference breeds defensiveness which in turn establishes group solidarity, very often to the exclusion of outside groups or organizations; it naturally establishes an impossible foundation for assimilation of the group by the community.

This persecution is not necessarily the result of inadequacies on the part of the group. It may be community reaction against this thing which resists assimilation. The community does not like that which sets itself apart from the rest of the people. The group, as a semi-isolated element, arouses suspicion, mistrust and even fear. Accordingly the basic portion of the community joins together in trying to destroy this malignant part of its society which doesn't conform to stature. When the community has completed this process of rejection of the group then the only human thing left for the group to do is to show its own real resentment of this and form its own defensive set of resistances to the community. The result is lack of understanding and acceptance by the community of the group's value regardless of how good it may be.

Professor White asks if we, as social workers, are buffoons; do we harm the community? The answer to that may be "yes." If we have upset the community mores to the extent that we are ridiculed then we must have set ourselves out as an isolated group trying to establish procedures which the community is not ready to accept. We must use what we have to offer the community in direct relation to that community's ability to absorb our practice. . . .

If conditions exist in Illinois and Indiana as suggested by Professor White then it is time social workers analyzed their own inadequacies rather than those of the so-called persecutors. We can never gain recognition by criticizing those who attack us. We should be concerned about the reasons why people find it necessary to investigate our actions closely. In the long run the immediate investigation is of little importance except as it may indicate how we may improve our relationships with the community in the future. . . .

Most of us recall the old sociological phrase "cultural lag." Perhaps we can justify (if we must justify our position) this persecution by that phrase, namely, the public is not ready to accept our ideals. We cannot prove our value, however, by spreading frosting over the top in a wave of publicity about our value to society. The fact that X cigarettes spends huge sums of money on advertising over radio, newspaper and screen does not mean these cigarettes are of the highest beneficence. (There might be a margin of disagreement to that on the part of some.) And if the cigarette company stopped advertising their sales would immediately drop off; in other words it had not obtained basic acceptance for long endurance. We must work up from the platter before we can reach the frosting.

Our best publicity is the job well done by a social worker in a community; our basic foundation will be laid by the work of social workers who have done a good job in a given community. By good job we

can only mean a job which is recognized by the common measuring stick of a given community, namely, community acceptance that the job done was a good one. When we receive ridicule and persecution for our efforts the job was not well done! According to our standards perhaps it was a beautiful piece of work but if it was not an accepted piece then its value was lost in the resistance engendered. . . . The art of doing a good professional job yet maintaining proper relationship in a community is a technique which many of us need to develop to a finer degree. By making concessions to community pressure in some areas and gaining in others, a strong healthy program can be promoted. This does not mean that we must sacrifice good basic practice. A good program and good will of the public can often go hand in hand. In any case belligerent resistance on all social work fronts can only beget belligerent resistance on just as many or more fronts.

Social workers must become community organizers, less clannish and less fearful that their profession is not being given proper recognition. It isn't a pack of cigarettes we are selling to the public and shouldn't be treated as such. The basic professions such as teaching, medicine, law, haven't obtained recognition by high priced publicity but by service throughout generations. Likewise we can only achieve recognition by adequate service. Let's become less zealous of our professional status and more concerned about serving people in a way in which they can readily accept us. If we can do this and still maintain our professional standards we will be well on the way to recognition by other groups. . . .

From Mrs. Mary Swain Routzahn, New York City

For the first time in the thirty-one years of its existence the *New York Times' Neediest Cases* announces that it is appealing for families and individuals who need, not material aid, but sympathetic encouragement and skilled guidance of trained case workers.

Fortune magazine, in an article this December on "Psychiatric Toll of Warfare," reports approvingly that the Army is taking all the trained psychiatric social workers it can lay hands on.

The November COMPASS, in an account by Ben Rubenstein, describes an experiment made by union social workers and a local of the United Automobile Workers in Detroit to set up a workers' counseling service. This is one of a number of methods by which union labor is learning what professional social work has to offer.

These are merely three examples to illustrate the growing awareness on the part of many diverse groups of today's importance of skilled social work. They serve, however, to underscore this point: I believe that what is needed now is not so much an expensive campaign to "sell" social workers to the public; rather, a base of operation for the interpretation of social work.

First of all we need a new map which shows more clearly our position in the current picture. Let it show how we stand with the public—and with *special publics*. What is the main cause at this time of political opposition? If we wish to allow realistically that it is political strategy to attack, on what ground do politicians single out social workers? Is it a habit?

Is the name "social worker" offensive even though the trained worker is acceptable under another name?

Again, let us determine whether recruiting, as carried on by national agencies and some of the schools of social work, has succeeded in spreading understanding of social work skills; and how well. How far have these campaigns gone in teaching college professors and college counseling services what social work has to offer students? This is stock-taking with a purpose.

To carry it further, what new friends have we gained through social work services to the Army? And if we have made gains here, how can we take advantage of them? One social worker in the armed services wrote last summer about his appearance before an Officers' Candidate School board: "When I suggested that I would prefer placement in a service for which social work has provided me a measure of background and trained skill," he said, "one officer of the Board asked me whether I was ordained. Another thought the Army needed officers who could discipline rather than coddle. And another looked me over skeptically and demanded to know the sports in which I had won my 'championships.'". In spite of such incidents, however, social workers are *social working* in the Army.

Granting that we have a long, long way to go before becoming generally accepted as a profession, we have nevertheless come part of the way. Let's go forward from where we now are. Take the growing cooperation between social work and labor groups. As mentioned above, many scattered experiments are being reported. The relief funds of AFL and CIO are taking the initiative in closer relations by assigning staff members to find out just what service social work has to offer labor union members. All these unrelated efforts should be brought together and examined as one of the first steps in developing the strategy which Mr. White calls for in his COMPASS article.

The national office of the AASW could give leadership in developing such a strategy. For this purpose skilled public information service is needed on a continuing basis to be supplied by a staff member who is well acquainted with and acceptable to professional social workers. I wish such a staff member could go to work at once to gather the facts and figures needed to develop a good informational program, not only for recruiting but to present the social worker's slant on current social problems and services. . . . Another assignment for such a staff member would be to collect and exchange information on the interpretation programs which chapters of the Association are now carrying on in many parts of the country. An advisory service on public relations should be available to these chapters.

Concerning Mr. White's proposal that a widespread campaign be launched to sell social workers to the public, I think the selling job should begin at home. Too many social workers are defensive and apologetic about their profession. Reassurance might come, for example, from articles in social work magazines and bulletins telling what social workers are doing in the war. Community chests, too, still need to be convinced of the value of this story in their money-raising publicity.

Perhaps such information would help large numbers of AASW members to feel that it is *something* to be a social worker these days. Instead of worrying so much about every slur cast by a caricature in a motion picture or every instance of social work quackery, they could point with pride to what good social work really is accomplishing.

From Agnes M. Smart, Baton Rouge, La.

I would like to comment on Professor White's article, and I want to say in the beginning that I agree with his statement that "The public relations problem of social work personnel is right in the lap of AASW." For the ten thousand odd members of the AASW should know better than anyone else what our profession is about. And we should be equipped to tell other people what we do and how we do it.

AASW chapters have had committees on public relations, but my own experience has been that committees did not meet or function unless the leader felt a conviction that there was a need for such activity. And the committee of which I was a member several years ago did little about the subject of interpretation. Perhaps one of the factors at that time was that schools of social work had more applicants than they could admit. So we went on rather complacently believing that it was sufficient to leave interpretation to the individual case worker as he made contacts in the community.

Now that we have been faced with a crisis in the shortage of personnel we see how necessary it is to go out in the highways and byways to find those people who would fit in and persuade them that social work is a promising career. Low salary scales in public assistance, little recognition of professional training, and competition with many other opportunities for employment in jobs more closely identified with the war effort, are all liabilities in relation to recruitment of sufficient people for professional training to fill vacancies that exist in social agencies today. . . .

It is true that something depends on stimulating leadership. It has been my experience from membership in about six chapters that only about a third of the membership attends meetings and usually only a small part of that group takes an active part in committee work. It may be that agency executives and other leaders do not sufficiently stress the value of participation in the work of our national association or that workers are not encouraged to assume positions of leadership that they are qualified for. Therefore, they may not be interested to attend meetings where the work is all done by "the supervisors." The participation of a large and active committee is needed in a program of recruitment.

Adjustment of salary scales commensurate with the

quality of work expected is also a basic factor if we are going to be more successful in recruitment.

I am wondering about the value of engaging a firm of public relations counselors. There might be some danger at this point of thinking we could sit back and pay them to do the job for us. What we do need is some one who is equipped to write news stories, radio talks and prepare films for us. Also to act in an advisory capacity to our local groups. But I am convinced that beyond this point, the responsibility continues to rest with our state and local AASW chapter committees to see that this material is continuously brought before the public in each community. The general public in smaller towns and in rural areas wants to know what is going on right here and in our state and is particularly interested in who is doing it. It is true here that if one is personally known in a community, there is a better chance that people will be interested in what you say on the radio, in the newspaper, or in a talk before a local group. It has also been my experience that if we just take a little time to go to them we are welcomed by the press and radio. . . .

If we would learn something from the WACS and WAVES in their recruitment program, we see the need for local personal contacts and use of stories about local people who have joined. This sort of thing can be furthered by a firm of public relations counselors, but needs continuous participation by AASW members to keep the subject before the public in every local community.

In conclusion I would say the strategic function of the AASW is:

- (1) to get every potential member to join
- (2) to plan voluntary added contributions for a national public relations fund
- (3) preparation of more material such as movies, radio scripts, news stories, by a national group that would be available in an advisory capacity to local groups
- (4) stronger and more positive leadership in AASW.

Something must be done to challenge the large part of the membership which continues to be inactive in every chapter.

Our problem here is not what we are doing to "sell" social work, but the fact that there is too little interpretation going on in each community to make much impression.

THE RESEARCH COUNCIL ON PROBLEMS OF ALCOHOL recently issued a preliminary list of state and local agencies dealing with the problem of alcoholism. A revised list shows that 23 agencies or special groups have taken definite steps for dealing with the problem of alcoholism as a medical problem, rather than as a criminal or moral offense. These include councils of social agencies, public and voluntary mental hygiene organi-

zations, state departments of welfare, legislative committees, and liquor control authorities. In 7 localities, new committees on alcoholism have been created. The Research Council has been conducting research on the problem of alcoholism for the past 5 years. Further information can be obtained from the Council, at 60 East 42 Street, New York 17, N. Y.

Conference on Rheumatic Fever

LUCIA MURCHISON, Special Assistant to the Executive Vice President of the Navy Relief Society, represented the AASW at a conference on rheumatic fever, called by the U. S. Children's Bureau for October 5-7. Copies of Miss Murchison's full report are available on request of the national office.

The purpose of the conference was "to give an opportunity for an exchange of ideas and for recounting experiences in the administration of these programs, to review medical, nursing, and social problems affecting the rheumatic child, to consider new developments in diagnosis and therapy, to explore needs for extension and improvement in rheumatic fever programs, to discuss the adequacy of present facilities and services for meeting the needs of the rheumatic child in this country." In reporting Miss Murchison reviews the development of the crippled children's program and the great progress marked by inclusion of children with rheumatic fever and heart disease in that program. The re-

port describes general aspects of the 15 state programs now in effect. In opening the conference Dr. Martha Eliot, Associate Chief of the Children's Bureau, stated that rheumatic heart disease resulting from rheumatic fever "causes more deaths among children than whooping cough, measles, meningitis, diphtheria, scarlet fever and poliomyelitis combined."

Sessions of the conference were participated in by representatives of Selective Service, the Army and the Navy, discussing problems affecting the armed forces. Of a total of 230,000 men rejected because of heart conditions, at least 50 per cent were found to have heart trouble resulting from rheumatic fever.

Special subjects considered in detail included: diagnostic clinic services, institutional and foster home care, educational programs, diversional activities, treatment programs, and ways and means for administering state programs and coordinating community resources.

Publications

SOCIAL WORK AT ITS FRONTIERS is a new publication—a loose-leaf compilation of articles in recent issues of **THE COMPASS** dealing with new ways in which social work practice is being employed and with some of the basic issues review of which is precipitated by war conditions. Reprints of 9 articles are available now, and there will be reprints of forthcoming materials on the same subjects, which can be readily inserted in the folders.

SOCIAL WORK FELLOWSHIPS AND SCHOLARSHIPS—compiled annually by the Association—will this year be published in pamphlet form rather than reproduced in **THE COMPASS**. It is expected that the pamphlet will be ready for distribution by February 1st.

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